

<i>SERFF Tracking Number:</i>	<i>WESA-126743950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dentegra Insurance Company</i>	<i>State Tracking Number:</i>	<i>46347</i>
<i>Company Tracking Number:</i>	<i>I-SLE-C-AR-09</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>Dentegra SLE AR</i>		
<i>Project Name/Number:</i>	<i>Dentegra SLE AR/I-SLE-C-AR-09</i>		

Filing at a Glance

Company: Dentegra Insurance Company

Product Name: Dentegra SLE AR

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form/Rate

SERFF Tr Num: WESA-126743950 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: I-SLE-C-AR-09

Author: Darcy Lebau

Date Submitted: 07/28/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/09/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Dentegra SLE AR

Project Number: I-SLE-C-AR-09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/09/2010

Deemer Date:

Submitted By: Darcy Lebau

Filing Description:

July 28, 2010 via SERFF

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/09/2010

Created By: Darcy Lebau

Corresponding Filing Tracking Number: I-SLE-
C-AR-09

The Honorable Julie Benafield Bowman

Commissioner of Insurance

Arkansas Insurance Department

1200 W. 3rd Street

Little Rock, AR 72201

Attention: Life & Health Division

SERFF Tracking Number: WESA-126743950 State: Arkansas
Filing Company: Dentegra Insurance Company State Tracking Number: 46347
Company Tracking Number: I-SLE-C-AR-09
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Dentegra SLE AR
Project Name/Number: Dentegra SLE AR/I-SLE-C-AR-09
Re: Dentegra Insurance Company
FEIN#: 75-1233841
NAIC#: 73474

Arkansas Dentegra PPO Policy – Form #I-SLE-C-AR-09

Standard Dentegra PPO Individual/Family Dental Insurance Application – Form # EF-I-SLE- ST-09

Arkansas Dentegra PPO Outline of Coverage – Form # OOC-I-SLE- AR-2010

Honorable Commissioner Bowman:

I respectfully submit the form filing referenced above on behalf of Dentegra Insurance Company (“Dentegra”) for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Dentegra. Please see the enclosed authorization letter.

This is a new individual dental Preferred Provider Organization (“PPO”) product submission underwritten by Dentegra and administered by Delta Dental Insurance Company. The forms are new and are not intended to replace any other forms currently in use.

Arkansas Dentegra PPO Policy, Form #I-SLE-C-AR-09, provides dental PPO benefits on an individual basis. Optional provisions are chosen by the policyholder at the time of application. Certain wording and benefit amounts reflected in the subject forms is enclosed within brackets ([]) and may vary according to a specific plan design. The variable material shown in the policy reflects the benefit levels selected and insured specific information. The variable language or amounts on final printed forms will be no more restrictive than that which is reflected in the enclosed forms and within legal requirements. Please see the enclosed Statement of Variability for Dentegra’s explanation of how these forms may vary to accommodate different product offerings.

The Standard Dentegra PPO Individual/Family Dental Insurance Application, Form # EF-I-SLE-ST-09, will be used for individual enrollment and will be signed by the policyholder.

The enclosed Dentegra PPO insurance product will be marketed by licensed agents, brokers, and third party administrators and online.

In accordance with Arkansas’ filing requirements, enclosed please find:

- Letter of Authorization
- Forms
- Statements of Variability
- Actuarial Memorandum
- Rating Manual Exhibits
- Flesch Certification

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 221 or at Darcy@Westmontlaw.com if you have any questions or require additional information.

SERFF Tracking Number: WESA-126743950 State: Arkansas
Filing Company: Dentegra Insurance Company State Tracking Number: 46347
Company Tracking Number: I-SLE-C-AR-09
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Dentegra SLE AR
Project Name/Number: Dentegra SLE AR/I-SLE-C-AR-09

Respectfully,
Darcy Lebau
Darcy Lebau

Company and Contact

Filing Contact Information

Darcy LeBau, darcy@westmontlaw.com
25 Chestnut Street, Suite 105 856-216-0220 [Phone]
Haddonfield, NJ 08033

Filing Company Information

(This filing was made by a third party - westmontassociatesinc)

Dentegra Insurance Company	CoCode: 73474	State of Domicile: Delaware
100 First Street	Group Code: 2479	Company Type: Life & Health
San Francisco, CA 94105	Group Name:	State ID Number:
(866) 714-7730 ext. [Phone]	FEIN Number: 75-1233841	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	Delaware, Dentegra's domiciliary state, charged \$50 per form (3 forms - \$150) and \$50 per rate (\$50) for total of \$200.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dentegra Insurance Company	\$200.00	07/28/2010	38343944

<i>SERFF Tracking Number:</i>	<i>WESA-126743950</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Dentegra SLE AR</i>		
<i>Project Name/Number:</i>	<i>Dentegra SLE AR/I-SLE-C-AR-09</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2010	08/09/2010

SERFF Tracking Number:	WESA-126743950	State:	Arkansas
Filing Company:	Dentegra Insurance Company	State Tracking Number:	46347
Company Tracking Number:	I-SLE-C-AR-09		
TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	Dentegra SLE AR		
Project Name/Number:	Dentegra SLE AR/I-SLE-C-AR-09		

Disposition

Disposition Date: 08/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Dentegra Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number:	WESA-126743950	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statements of Variability	Approved-Closed	Yes
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Arkansas Dentegra SLE	Approved-Closed	Yes
	Individual PPO Policy		
Form	Standard Enrollment Application	Approved-Closed	Yes
Form	Arkansas Outline of Coverage	Approved-Closed	Yes
Rate	Rating Manual Exhibits	Approved-Closed	Yes
Rate	Actuarial Memorandum	Approved-Closed	No

SERFF Tracking Number: WESA-126743950 State: Arkansas

Filing Company: Dentegra Insurance Company State Tracking Number: 46347

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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Dentegra SLE AR

Project Name/Number: Dentegra SLE AR/I-SLE-C-AR-09

Form Schedule

Lead Form Number: I-SLE-C-AR-09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/09/2010	I-SLE-C-AR-09	Policy/Contract/Fraternity Certificate	Arkansas Dentegra SLE Individual PPO Policy	Initial		50.100	I-SLE-C-AR-09 7-17-10.pdf
Approved-Closed 08/09/2010	EF-I-SLE-ST-09	Application/Enrollment Form	Standard Enrollment Application	Initial		56.900	EF-I-SLE-ST-09 6-22-10.pdf
Approved-Closed 08/09/2010	OOC-I-SLE-AR-2010	Outline of Coverage	Arkansas Outline of Coverage	Initial		52.700	OOC-I-SLE-AR-2010 7-18-10.pdf

Underwritten By:



Administered by:



Delta Dental Insurance Company

Delta Dental PPOSM for Individuals and Families



www.deltadentalins.com

Policy

Your dental plan is underwritten by Dentegra Insurance Company (Dentegra) and administered by Delta Dental Insurance Company (hereinafter collectively referred to as "Delta Dental"). Delta Dental will pay Benefits for covered dental services as set forth in this Policy. This Policy is issued in exchange for and on the basis of the statements made on your application and payment of the first installment of premium. It takes effect on the Effective Date shown on the Benefits Summary attached to this Policy. This Policy will remain in force unless otherwise terminated in accordance with its terms, until the first renewal date and for such further periods for which it is renewed. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

READ YOUR POLICY AND BENEFITS SUMMARY CAREFULLY

**This Policy is a legal agreement between the Primary Enrollee and
Dentegra Insurance Company**

10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY

Please read this Policy. If you are not satisfied for any reason, you may return the Policy within 10 days after you received it. Mail or deliver it to Delta Dental or the agent through whom it was purchased. Any premium paid will be refunded. This Policy will then be void from its start.

This Policy is signed for Dentegra Insurance Company, as of its effective date by:



Anthony S. Barth, Vice Chairman

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ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY NOTICE

INTRODUCTION

We are pleased to welcome you to this individual Delta Dental PPO dental plan. Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

Using This Policy

This Policy discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the dental plan works and how to obtain dental care. Please read this Policy completely and carefully. Keep in mind that “you” and “your” mean the Enrollees who are covered under this Policy. “We,” “us” and “our” always refer to Delta Dental.

Contact Us

If you have any questions about your coverage that are not answered here, please visit our website at www.deltadentalins.com or call our Customer Service Center. A Customer Service representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Provider, explain benefits, check the status of a claim, and assist you in filing a claim.

You can access our automated information line at 800-521-2651 during regular business hours to obtain information about Enrollee benefits, claim status or to speak to a Service representative for assistance. If you prefer to write to us with your question(s) please mail your inquiry to the following address:

Delta Dental Insurance Company

P.O. Box 1809

Alpharetta, GA 30023-1809

Identification Number

Please provide the Primary Enrollee’s ID number to your Provider whenever you or one of your enrolled family members receives dental services. The Enrollee ID number should be included on all claims submitted for payment. Identification cards are not required, but if you wish to have one you may obtain one by visiting our website at www.deltadentalins.com.

DEFINITIONS

The following are definitions of words that have special or technical meanings under this Policy.

Accepted Fee: the amount the attending Provider agrees to accept as payment in full for services rendered.

Benefits (In-Network or Out-of-Network): the amounts that Delta Dental will pay for dental services under this Policy. In-Network Benefits are those covered by this Policy and performed by a PPO Provider. Out-of-Network Benefits are those covered by this Policy but performed by a Premier Provider or a Non-Delta Dental Provider.

Benefit Waiting Period: the period of time of continuous enrollment that an Enrollee must complete before certain dental procedures become covered benefits.

Calendar Year: the period of time beginning on January 1st and ending on December 31st.

Claim Form: the standard form used to file a claim or request a Pre-Treatment Estimate.

Deductible: a dollar amount that an Enrollee and/or the Enrollee's family (for family coverage) must pay for certain covered services before Delta Dental begins paying benefits.

Delta Dental PPO Provider (PPO Provider): a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the Delta Dental PPO Contracted Fee as payment in full for services provided under a PPO plan. A PPO Provider also agrees to comply with Delta Dental's administrative guidelines.

Delta Dental Premier[®] Provider (Premier Provider): a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the Delta Dental Premier Contracted Fee as payment in full for services provided under a plan. A Premier Provider also agrees to comply with Delta Dental's administrative guidelines.

Delta Dental PPO Contracted Fee (PPO Provider's Contracted Fee): the fee for each Single Procedure that a PPO Provider has contractually agreed to accept as payment in full for treating Enrollees.

Delta Dental Premier Contracted Fee (Premier Provider's Contracted Fee): the fee for each Single Procedure that a Premier Provider has contractually agreed to accept as payment in full for treating Enrollees.

Dependent Enrollee: an Eligible Dependent enrolled to receive Benefits.

Effective Date: The date the plan starts. This date is given in your Benefits Summary.

Eligible Dependent: a dependent of the Primary Enrollee or domestic partner eligible for Benefits.

Enrollee: an individual who made application for this dental Policy (“Primary Enrollee”) or an Eligible Dependent (“Dependent Enrollee”) enrolled to receive Benefits; may also be referred to as “Patient”.

Maximum Contract Allowance: the reimbursement under the Enrollee’s benefit plan against which Delta Dental calculates its payment and the Enrollee’s financial obligation. Subject to adjustment for extreme difficulty or unusual circumstances, the Maximum Contract Allowance for services provided:

- [by a PPO Provider is the lesser of the Submitted Fee or the PPO Provider’s Contracted Fee; or
- by a Premier Provider is the lesser of the Submitted Fee or the PPO Provider’s Contracted Fee for a PPO Provider in the same geographic area; or
- by Non-Delta Dental Provider is the lesser of the Submitted Fee or the PPO Provider’s Contracted Fee for a PPO Provider in the same geographic area^[LK1].]
- [by PPO Providers is the lesser of the Submitted Fee or the PPO Provider’s Contracted Fee; or
- by a Premier Provider is the lesser of the Submitted Fee or the Premier Provider’s Contracted Fee; or
- by a Non-Delta Dental Provider is the lesser of the Submitted Fee or the Program Allowance^[LK2].]

Non-Delta Dental Provider: a Provider who is not a PPO Provider or a Premier Provider and who is not contractually bound to abide by Delta Dental’s administrative guidelines.

Patient Pays: Enrollee’s financial obligation for services calculated as the difference between the amount shown as the Accepted Fee and the portion shown as “Delta Dental Pays” on the claims statement when a claim is processed.

Policy: this document issued and delivered to the Enrollee. It includes the application, any attached amendments, and any appendices.

Policy Benefit Level: the percentage of Maximum Contract Allowance that Delta Dental will pay after the Deductible has been satisfied.

Policy Term: the period during which this Policy is in effect.

Policy Year: the 12 months starting on the Effective Date and each subsequent 12-month period thereafter. [Deductibles and maximums will be determined using this 12 month period rather than on a Calendar Year basis^{LK3}.]

Premium: the amount payable by the Enrollee as provided in the Benefits Summary.

Pre-Treatment Estimate: an estimation of the allowable Benefits under this Policy for the services proposed, assuming the person is an eligible Enrollee.

Primary Enrollee: the individual insured in this plan to receive Benefits.

Procedure Code: the Current Dental Terminology® (CDT) number assigned to a Single Procedure by the American Dental Association.

Program Allowance: the amount determined by a set percentile level of all charges for such services by Providers with similar professional standing in the same geographical area.

Provider: a person licensed to practice dentistry when and where services are performed. A Provider shall also include a dental partnership, dental professional corporation or dental clinic.

Single Procedure: a dental procedure that is assigned a separate CDT number.

Submitted Fee: the amount that the Provider bills and enters on a claim for a specific procedure.

ELIGIBILITY AND ENROLLMENT

Eligibility Requirement

Primary Enrollees electing to enroll their eligible family members must enroll them at the time the Primary Enrollee enrolls or within 90 days of the Primary Enrollees initial enrollment or within 31 days of a Qualifying Status Change.

Eligible family members include:

- Your spouse or domestic partner.
- Your unmarried dependent children from birth to their 19th birthday or 25th birthday, if a full-time student in an accredited school. Proof of full-time student status must be given to us within 60 days when requested. “Children” includes natural children, step-children, adopted children, children of your domestic partner, foster children and children for which you have been appointed legal guardian. The child must be dependent on you for support. Newborn infants are eligible from the moment of birth. Adopted children are eligible from the date a petition is filed if you apply for coverage within 60 days after the filing of the petition or from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor.
- Your unmarried children 19 years or older may continue to be eligible as a dependent if the child is incapable of self sustaining employment due to mental incapacity or physical handicap that began before age 19 and the child is mostly dependent on you for support and maintenance. Proof will not be required more than once a year after the child is 21.

Dependents serving active military duty are not eligible, as they are typically covered under health and dental insurance provided by the military while they are on active duty.

Qualifying Status Change is a change in:

- Legal marital status (marriage, divorce, legal separation, annulment or death); or
- Number of dependents (a child’s birth, adoption of a child, placement of a child for adoption; addition of a step or foster child or death of a child); or
- A loss of coverage under a provision dental benefits plan for reasons other than exceeding the annual or lifetime maximum benefits and provided that coverage existed for 90 continuous days without a break in coverage of more than 63 days; or
- A dependent child ceases to satisfy eligibility requirements (limiting age or marital status); or

-
- A court order requiring dependent coverage.

The additional Premium must be paid to us within 31 days after the date of the Qualifying Status Change in order to have the coverage continued beyond the 31 day period.

Enrollment Grace Period

There is a period of 10 days from your coverage Effective Date during which you may rescind this Policy and receive a full refund, provided you and all enrolled family members have not used any Benefits under this Policy.

[Minimum Enrollment Period

You and your covered family members selecting dental coverage must enroll for a minimum of [12] months. If coverage is voluntarily discontinued, you and your covered family members may not re-apply during the [12]-month period immediately following the voluntary termination^[LK4].]

RENEWABLE - PREMIUM MAY CHANGE CONDITIONALLY:

The Primary Enrollee may keep this Policy in force by timely payment of the premiums. However, Delta Dental may refuse renewal due to:

Non-payment of premiums, subject to the “Grace Period on Late Payment” provision;
or

- Fraud or material misrepresentation made by or with the knowledge of the Primary Enrollee or an Eligible Dependent applying for this coverage or filing a claim for Benefits; or
- The Enrollee fails to comply with material provisions of the Policy; or
- The company ceasing to renew all Policies issued on this form to residents of the state where you live.

At least 30 days notice of any non-renewal action permitted by this clause will be mailed to the Primary Enrollee at your last address as shown in Delta Dental’s records. If Delta Dental fails to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no Benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

Delta Dental will provide 30 days advance written notice of any change in premium at renewal.

Termination of Coverage

You have the right to terminate your coverage under this Policy by sending us written notice of your intent to terminate this Policy. Termination of this Policy and coverage for you and all Enrollees under this Policy will be effective on the last day of the month that we receive your written request of termination.

A full refund of premium is available if a written request for a refund is made within the first 10 days of the Effective Date. After that, all requests for a premium refund will be prorated based upon the number of months remaining in the Policy Term, subject to the following exceptions:

- 1) A refund is not available if you or your Dependent Enrollee have received Benefits under this Policy;
- 2) There must be at least one month remaining in the Policy Term. Since coverage is based on a full calendar month, there are no partial month refunds.
- 3) Your Dependent Enrollee may disenroll from coverage under this Policy at any time. Termination of coverage for the disenrolled dependent shall be on the last day of the month we receive written notice of the Enrollee's disenrollment. Coverage for your Dependent Enrollee will automatically terminate on the last day of the month in which the Enrollee no longer meets eligibility requirements.

We have the right to terminate this Policy and your coverage if you fail to pay your Premium or if your Premium payment is not received by us by the 31st day following the date it is due. Please see the section of this Policy titled "Grace Period on Late Payments" for more information.

We also have the right to terminate your coverage:

- Upon 15 days written notice if you:
 - Are guilty of misconduct detrimental to safe operations and the delivery of services while in a Delta Dental Provider's facility; or
 - Knowingly commit or permit another person to commit fraud or deception in obtaining Benefits.
- Upon 30 days written notice if you fail to pay coinsurance; provided however, that you may be reinstated during the Policy Term upon payment of all delinquent charges.

If your coverage is terminated, we will send a written notice to you informing you of the reason(s) why coverage is terminated and the date that your coverage will end. However, coverage will continue for 31 days to complete any Single Procedure begun but not completed before the effective date of termination.

In the event of termination or death of the insured, unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the insured's death has been furnished to us.

Reinstatement

If you do not pay your premium within the time granted for payment, your Policy will be terminated. If your Policy is terminated you [may re-enroll in the program and any waiting period, deductibles and maximum applicable to your program will start again.] [must wait [12] months before re-enrolling in the program and any waiting periods, deductible and maximums applicable to your program will start again^[LK5].] However, your Policy may be reinstated with no break in coverage provided the full premium due is received by us within 60 days of the date of the past due premium. The reinstated Policy will have the same rights as before your Policy lapsed, unless a change is made to your Policy in connection with the reinstatement. These changes, if any, will be sent to you for you to attach to your Policy.

OVERVIEW OF DENTAL BENEFITS

This section provides information that will give you a better understanding of how this dental plan works and how to make it work best for you.

[Benefit Waiting Period

Some of the services in your dental plan are subject to a waiting period. Please refer to your Benefits Summary (Appendix A). No exceptions or credits are given for prior coverage. Enrollees who terminate from the dental plan and later re-apply will be required to satisfy another [12]-month waiting period during the new enrollment with no credit for prior enrollment^[LK6].

Benefits, Limitations and Exclusions

We will pay the Benefits for the types of dental services as described below. We will pay Benefits only for covered services. The services provided through the Policy are described in the Benefits Summary. This Policy covers several categories of benefits when a Provider furnishes the services and when they are necessary and within the standards of generally accepted dental practice. Claims shall be processed in accordance with our standard processing policies. We may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices. If you receive dental service from a Provider outside the state of Arkansas, the Provider will be paid according to Delta Dental's network payment provisions for said state and according to terms of the Provider's Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under this Policy. Even if the Provider bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.

Enrollee Coinsurance

We will pay a percentage of the Maximum Contract Allowance for covered services, as shown in the Benefits Summary, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the enrollee coinsurance (“Enrollee Coinsurance”) and is part of your out-of-pocket cost. You pay this even after a Deductible has been met.

The amount of your Enrollee Coinsurance will depend on the type of service and the Provider furnishing the service (see section titled “Selecting Your Provider”). Providers are required to collect Enrollee Coinsurance for covered services. If the Provider discounts, waives or rebates any portion of the Enrollee Coinsurance to you, we will be obligated to provide as Benefits only the applicable percentages of the Provider’s fees or allowances reduced by the amount of the fees or allowances that is discounted, waived or rebated.

It is to your advantage to select PPO Providers because they have agreed to accept the Maximum Contract Allowance as payment in full for covered services, which typically results in lower out-of-pocket costs for you. Please refer to the sections titled “Selecting Your Provider” and “How Claims Are Paid” for more information.

Deductible

Your dental plan features a Deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The Deductible amounts are listed in the Benefits Summary. Deductibles apply to all benefits unless otherwise noted. Only the Provider’s fees you pay for covered Benefits will count toward the Deductible.

Maximum Amount

Your dental program has a maximum dollar amount we will pay toward the cost of dental care (“Maximum Amount”). You are responsible for paying costs above this amount. The Maximum Amount payable is shown in the Benefits Summary. Maximums may apply on a yearly basis, a per services basis, or a lifetime basis.

Benefits

To help you understand the types of procedures that are included in each category, the following is a description of each of the categories of services that are covered under this Policy.

We will pay the Policy Benefit Level shown in the Benefits Summary for the following services:

Diagnostic and Preventive Benefits:

- Diagnostic: procedures to assist the Provider in choosing required dental treatment.
- Preventive: cleaning [(periodontal cleaning in the presence of inflamed gums is considered to be a [Basic Benefit^[LK7] for payment purposes)], topical application of fluoride solutions, and space maintainers.
- [Sealants: topically applied acrylic, plastic or composite material used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay^[LK8].]

[Basic Benefits:

- [Oral Surgery: extractions and other surgical procedures (including pre- and post-operative care^[LK9]).]
- General Anesthesia or IV Sedation: when administered by a Provider for oral surgery or selected endodontic and periodontal surgical procedures.
- Anesthesia and hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in a hospital or ambulatory surgical facility if the Provider certifies that, because of the Enrollee's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
 - 1) a child under seven (7) years of age who is determined by two (2) licensed dentists to require, without delay, necessary dental treatment in a hospital or ambulatory surgical center for a significantly complex dental condition; or
 - 2) a person with a diagnosed serious mental or physical condition; or
 - 3) a person with a significant behavioral problem as determined by your licensed Provider.
- [Endodontics: treatment of diseases and injuries of the tooth pulp^[LK10].]
- [Periodontics: treatment of gums and bones supporting teeth^[LK11].]
- Palliative: treatment to relieve pain^[LK12].

-
- [Sealants: topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay^[LK13].]
 - [Restorative: amalgam, synthetic porcelain, plastic restorations (fillings) and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay^[LK14]).]
 - [Denture Repairs: repair to partial or complete dentures including rebase procedures and relining^[LK15].]

[Major Benefits:

- [Oral Surgery: extractions and other surgical procedures (including pre- and post-operative care^[LK16]).]
- [Endodontics: treatment of diseases and injuries of the tooth pulp^[LK17].]
- [Periodontics: treatment of gums and bones supporting teeth^[LK18].]
- [Crowns and Inlays/Onlays: treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations^[LK19].]
- [Prosthodontics: procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges; [implant surgical placement and removal; and for implant supported prosthetics, including implant repair and recementation^[LK20].]
- [Implants: procedures performed by a Provider for endodontic endosseous, endosteal, eposteal and transosteal implants; implant connecting bars and implant repairs. Implants are defined as prosthetic appliances placed into or on the bone of the maxilla or mandible (upper or lower jaw) to retain or support dental prosthesis^[LK21]
- [Dental Accident: An injury to the mouth or structures within the oral cavity which is caused by an external traumatic force. It does not include damage to the teeth which is the result of biting into food or other substances. Procedures shall include but are not limited to reimplantation, splinting and stayplate^[LK22].]

[Orthodontic Benefits:

- Orthodontic: procedures performed by a Provider using appliances to treat malocclusion of teeth and/or jaws which significantly interferes with their function^[LK23]

Note on additional Benefits during pregnancy: When an Enrollee is pregnant, we will pay for additional services during the pregnancy. The additional services each [12 month^{LK24} period] [Policy Year] while the Enrollee is covered under this Policy include: one (1) additional oral exam and either one (1) additional routine cleaning; one (1) additional periodontal scaling and root planing per quadrant; or one (1) additional periodontal maintenance procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.

Limitations and Exclusions

Dental plans are designed to help with part of your dental expenses and may not always cover every dental need. The typical program includes Limitations and Exclusions, meaning the program does not cover every aspect of dental care. This can relate to the type of procedures or the number of visits. Please read the following sections to help you understand the Limitations and Exclusions of this dental plan.

Limitations

Benefits to Enrollees are limited as follows:

Limitations on Diagnostic and Preventive Benefits:

- We will pay for routine oral examinations (including any office visits for observation and specialist consultations, or combination thereof), cleanings (including periodontal cleanings or any combination thereof) and topical application of fluoride solutions no more than [twice^{LK25} in any 12 month period. Note that periodontal cleanings are covered as a [Basic Benefit] and^{LK26} routine cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional benefits during pregnancy.
- Specialist consultations are only a Benefit when an opinion or advice is requested by a general dentist and the treatment is not performed by the specialist.
- X-ray limitations:
 - a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
 - b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Accepted Fee for a complete intraoral series.

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- c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
 - d) A complete intraoral series and panoramic films by the same Provider are limited to once each every [five (5)] years[LK27].
 - e) Bitewing x-rays are limited to [two (2) times in any 12 month period] when provided to Enrollees under 18 and [one (1) time each 12 months] for Enrollees age 18 and over. Bitewings are not a Benefit within six (6) months of an intraoral complete series unless warranted by special circumstances such as active periodontal disease or rampant caries[LK28].
- [Topical application of fluoride solutions is limited to Enrollees to age 19[LK29].]
 - Space maintainers are limited to the initial appliance and are a benefit for an Enrollee under age [14[LK30]]. For Enrollees ages 14 and 15, an allowance for a space maintainer will be considered until a fixed bridges or removable partial dentures can be placed.
 - Cephalometric x-rays, oral/facial photographic images (once per case) and diagnostic casts (once per case) are benefits only in conjunction with orthodontic services and only when orthodontic services are a covered Benefit.
 - [Sealants are limited as follows[LK31]:
 - a) to permanent first molars through age [eight (8)] and to permanent second molars through age [15] if they are without caries (decay) or restorations on the occlusal surface.
 - b) do not include repair or replacement of a sealant on any tooth within [two (2)] years of its application[LK32].]

Limitations on Basic Benefits:

- [Sealants are limited as follows[LK33]:
 - a) to permanent first molars through age [eight (8)] and to permanent second molars through age [15] if they are without caries (decay) or restorations on the occlusal surface.
 - b) do not include repair or replacement of a sealant on any tooth within [two (2)] years of its application[LK34].]
- We will not pay to replace an amalgam, synthetic porcelain or plastic restorations (fillings) or prefabricated resin and stainless steel crowns within [24 months] of treatment if the service is provided by the same Provider[LK35].

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- We limit payment for prefabricated resin and stainless steel crowns under this section to services on baby (deciduous) teeth. However, after a consultant's review, we may allow stainless steel crowns on permanent teeth as a [Major Benefit^[LK36].]
 - [Retreatment of root canal therapy within 24 months of the initial procedure is not a Benefit when performed by the same Provider^[LK37].]
 - [Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing.] See note on additional Benefits during pregnancy^[LK38].
 - Extractions and oral surgery procedures performed for Orthodontic treatment are not a Benefit except as provided under Orthodontic Benefits, if applicable.

Limitations on Major Benefits:

- Crowns, inlays/onlays and cast restorations are covered no more often than once in any [five (5) year period] except when we determine the existing crown, or inlay/onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues^[LK39].
- Prosthodontic appliances [and/or implants] that were provided under any Delta Dental program will be replaced only after [five (5) years^[LK40]] have passed, except when we determine that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if we determine it is unsatisfactory and cannot be made satisfactory. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.
- When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- Recementation of crowns, inlays/onlays or bridges is not a Benefit when performed by the same Provider within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation.
- [The initial installation of a prosthodontic appliance [and/or implants] is not a Benefit unless the prosthodontic appliance [and/or implant], bridge or denture is made necessary by natural, permanent teeth extraction occurring during a time you were eligible under a Delta Dental program^[LK41].]

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- We limit payment for dentures to a standard partial or denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care and rebase (including relining and any adjustments) for the first six (6) months after placement.
 - a) Denture rebase is limited to one (1) per arch in a 24 month period.
 - b) Denture relines and tissue conditioning are limited to two (2) per arch in a 12 month period. Tissue conditioning provided on the same day a denture is delivered or a reline or rebase has been performed is not a Benefit.
 - Implant Benefits are subject to all the Limitations, Exclusions and other terms and conditions in this Policy. Additional implant benefit limitations are:
 - a) Diagnostic and treatment facilitating aids are considered a part of, and included in, the fees for the definitive treatment.
 - b) Bone graphs provided for implants on the same day as service.
 - Dental Accident Benefits are subject to all the Limitations, Exclusions and other terms and conditions in this Policy. Additional Dental Accident benefit limitations are:
 - a) The dental accident must occur while you are covered under this Policy.
 - b) Services and procedures must be provided within 180 days following the dental accident and while you are covered under this Policy.

[Limitations on Orthodontic Benefits:

- The Orthodontic Benefit maximum amount payable for each Enrollee during the Enrollee's [lifetime][Policy Year[LK42]] is shown in the Benefits Summary. Additional Orthodontic benefit limitations are:
 - a) Orthodontic Benefits will be provided in two (2) payments after the person becomes covered, (one initial payment and the second in 12 months), except for treatment plans of less than \$500 which will be paid in one (1) payment[LK43].
 - b) Orthodontic Benefits are not paid to repair or replace any orthodontic appliance received under this program.
 - c) Non-Orthodontic procedures performed for the purpose of Orthodontic treatment are subject to the Orthodontic Benefit and maximum if covered as Benefits under Dentegra's standard processing policies.
 - d) Orthodontic Benefits are limited to dependent child Enrollees under the age of 19 or age 25 if a full-time student[LK44].]

Limitations on All Benefits - Optional Services:

Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- A Crown where a filling would restore the tooth; or
- A precision denture/partial where a standard denture/partial could be used; or
- An Inlay/Onlay instead of an amalgam restoration; or
- Porcelain, resin or similar materials for Crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a full metal crown) [; or/.]
- [a composite restoration instead of an amalgam restoration on posterior teeth^[LK45].]

If you receive Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

Exclusions

This Policy covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your Provider.

We do not pay benefits for:

- Treatment of injuries or illness covered by workers’ compensation or employers’ liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- Cosmetic surgery or procedures for purely cosmetic reasons.
- Maxillofacial prosthetics.
- services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.

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- Treatment to restore tooth structure lost from wear, erosion, or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize teeth. Examples include but are not limited to: equilibration, periodontal splinting, occlusal adjustments or occlusal guards.
 - Single surface restorations placed on the same surface as a sealant and within 12 months of the initial sealant application or multiple surface restorations placed on the same surface as a sealant and within six (6) months of the initial sealant application.
 - Any Single Procedure started prior to the date the Enrollee became covered under this plan.
 - Prescribed drugs, medication, pain killers, antimicrobial agents, or experimental procedures.
 - Charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed Provider in connection with oral surgery or selected endodontic and periodontal surgical procedures, except as allowed under Basic Benefits.
 - Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
 - Porcelain and porcelain fused to metal crowns for Enrollees under age 12.
 - Fixed bridges and removable partials for Enrollees under age 16.
 - Interim implants.
 - Resin-based inlays and onlays.
 - Overdentures.
 - Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
 - Treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
 - Charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments.
 - Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
 - Services or supplies covered by any other health plan.

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- Treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption.
 - Procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
 - [The initial placement of any prosthodontic appliance [or implants], unless such placement is needed to replace one or more natural, permanent teeth extracted while the Enrollee is covered under this Policy or was covered under any dental care program with Delta Dental. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such denture or fixed bridge must include the replacement of the extracted tooth or teeth^[LK46].]
 - Services for orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Benefit section, if applicable.
 - Procedures performed for the purpose of orthodontic treatment are not a Benefit except as provided under Orthodontic Benefits, if applicable.
 - Services for any disturbance of the temporomandibular (jaw) joints or associated musculature, nerves and other tissues (TMJ){
 - [Services or supplies for oral surgery, general anesthesia, palliative treatment, or sealants^[LK47].]
 - [Services or supplies for endodontic treatment^[LK48] (procedures for removal of the nerve of the tooth and the treatment of the pulp cavity portion of the root of the tooth).]
 - [Services or supplies for periodontic treatment (procedures for the treatment of the gums and the bones supporting teeth^[LK49]).]
 - [Services or supplies for restorative treatment (amalgam, synthetic porcelain, plastic restorations (fillings) and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).]^[LK50]
 - [Services or supplies for denture repairs (repair to partial or complete dentures including rebase procedures and relining^[LK51]).]
 - [Services or supplies for crowns, cast restorations, inlays/onlays for treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain, plastic restorations^[LK52].]
 - [Services or supplies for prosthodontic benefits (procedures for construction of fixed bridges, partial or completed dentures and the repair of fixed bridges^[LK53]).]

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- [Services for implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis), their removal or other associated **procedures**^[LK54]]

Pre-Treatment Estimates

Pre-treatment estimate requests are not required; however, your Provider may file a Claim Form before beginning treatment, showing the services to be provided to you. We will estimate the amount of Benefits payable under this Policy for the listed services. By asking your Provider for a Pre-Treatment Estimate from us before you agree to receive any prescribed treatment, you will have an estimate up front of what we will pay and the difference you will need to pay. The Benefits will be processed according to the terms of this Policy when the treatment is actually performed. Pre-Treatment Estimates are valid for 60 days, or until an earlier occurrence of any one of the following events:

- 1) the date this Policy terminates;
- 2) the date your coverage ends; or
- 3) the date the Provider's agreement with Delta Dental ends.

A Pre-Treatment Estimate does not guarantee payment. It is an estimate of the amount we will pay if you are covered and meet all the requirements of the plan at the time the treatment you have planned is completed and may not take into account any Deductibles, so please remember to figure in your Deductible if necessary.

SELECTING YOUR PROVIDER

Free Choice of Provider

We recognize that many factors affect the choice of Provider and therefore support your right to freedom of choice regarding your Provider. This assures that you have full access to the dental treatment you need from the dental office of your choice. You may see any Provider for your covered treatment, whether the Provider is a PPO Provider, Premier Provider or a Non-Delta Dental Provider. In addition, you and your family members can see different Providers.

Remember, you enjoy the greatest benefits—including out-of-pocket savings—when you choose a PPO Provider. To take full advantage of your benefits, we highly recommend you verify a dentist's participation status within a Delta Dental network with your dental office before each appointment. Review the section titled "How Claims Are Paid" for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your Provider selection and how that may impact your out-of-pocket costs.

Locating a PPO Provider

You may access information through our website at www.deltadentalins.com. You may also call our Customer Service Center and one of our representatives will assist you. We can provide you with information regarding a Provider's network, specialty and office location.

HOW CLAIMS ARE PAID

Payment for Services — PPO Provider

Payment for covered services performed for you by a PPO Provider is calculated based on the Maximum Contract Allowance, which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee. PPO Providers have agreed to accept the PPO Provider's Contracted Fee as the full charge for covered services.

The portion of the Maximum Contract Allowance payable by us is limited to the applicable Policy Benefit Level shown in the Benefits Summary. Delta Dental's payment is sent directly to the PPO Provider who submitted the claim. We advise you of any charges not payable by us for which you are responsible. These charges are generally your share (Enrollee Coinsurance) of the Maximum Contract Allowance, as well as any Deductibles, charges where the maximum has been exceeded, and/or charges for non-covered services.

Payment for Services — Premier Provider

A Premier Provider is a contracting dentist, but is not a PPO Provider. Payment for covered services performed for you by a Premier Provider is calculated based on the Maximum Contract Allowance, [which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee for a PPO Provider in the same geographic area][which is the lesser of the submitted fee on the claim or the Premier Provider's Contracted Fee.

Premier Providers have agreed to accept the Premier Provider's Contracted Fee as the full charge for covered services. Premier Providers have contractually agreed to charge no more than the Premier Provider's Contracted Fee even for services that are not covered under the Policy provided the service(s) are included in their agreement with us.

Payment for Services — Non-Delta Dental Provider

Payment for services performed for you by a Non-Delta Dental Provider is also calculated based on the Maximum Contract Allowance. The portion of the Maximum Contract Allowance payable by us is limited to the applicable Policy Benefit Level shown in the Benefits Summary.

However, when dental services are received from a Non-Delta Dental Provider, Delta Dental's Payment is sent directly to the Primary Enrollee. You are responsible for payment of the Non-Delta Dental Provider's Submitted Fee. Non-Delta Dental Providers will bill you for their normal charges, which may be higher than the Maximum Contract Allowance for the service. You may be required to pay the Provider yourself and then submit a claim to us for reimbursement. Since our payment for services you receive may be less than the Non-Delta Dental Provider's actual charges, your out-of-pocket cost may be significantly higher.

How to Submit a Claim

Claims for Benefits must be filed on a standard Claim Form, which most dental offices have available. PPO and Premier Providers will fill out and submit your claims paperwork for you. Some Non-Delta Dental Providers may also provide this service upon your request. If you receive services from a Non-Delta Dental Provider who does not provide this service, you can submit your own claim directly to us. Please refer to the section titled "Claim Form" for more information.

Your dental office should be able to assist you in filling out the claim form. Fill out the claim form completely and send it to:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Payment Guidelines

We do not pay PPO or Premier Providers any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your Provider files a claim for services more than 12 months after the date you received the services, payment may be denied. If the services were received from a Non-Delta Dental Provider, you are still responsible for the full cost. If the payment is denied because your PPO or Premier Provider failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your PPO or Premier Provider that you were covered under a Delta Dental Policy at the time you received the service, you may be responsible for the cost of that service.

We explain to all PPO Providers and Premier Providers how we determine or deny payment for services. We describe in detail the dental procedures covered as benefits, the conditions under which coverage is provided and the plan's limitations and exclusions. If any services are not covered, or if limitations or exclusions apply to services you have received, you may be responsible for the full payment.

If you have any questions about any dental charges, processing policies and/or how your claim is paid, please contact us.

PREMIUM PAYMENT RESPONSIBILITIES

The Primary Enrollee is responsible for making premium payments, paying Deductibles and Enrollee Coinsurance and ensuring your Provider is aware of any other dental coverage you carry. These are explained in detail in the following subsections.

[Rate Guarantee

For plans with waiting periods, your initial premium rate is guaranteed for the first [two years] [year] of your Policy, based upon the new enrollee rates in force at the time of your enrollment. After the first [two years] [year], premium rates may be adjusted annually. If you move, or change your enrollment options, your premium rate may also change^[LK55].]

Premium Billing

When you completed your application, you selected a plan and the method for paying your ongoing premiums, either by check or through Electronic Funds Transfer (EFT). The following is a description of how each of these methods works.

Pay by Check

If you selected to pay by check, you also selected the option of paying your premiums quarterly, semi-annually or annually.

If you elected to pay your premiums quarterly, semi-annually, or annually, you will receive an invoice once every billing period.

Your payment must be received by the 20th of the month in which it is due to ensure coverage for the following billing period. All payments are to be mailed to the following address:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Pay by Electronic Funds Transfer (EFT)

If you chose to pay your premium on a monthly basis through monthly EFT, Delta Dental will transfer the premium payment from your bank account at the end of each month for the following month's coverage.

If funds aren't available, your account will be considered delinquent.

If the account continues to be delinquent for more than 31 days, your Policy will be terminated.

Changing Payment Options

Payment options may be changed at any time; however, the effective date of the change varies dependent on your payment option. Changes to EFT, quarterly and semi-annual payment options are effective on the anniversary or semi-anniversary of your Policy Effective Date. Changes to the annual payment option are effective on the anniversary of your Policy effective date. To change your payment option you can call our Customer Service Center toll-free at 800-521-2651 during regular business hours or write to the Customer Service Center at:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Grace Period on Late Payments

If your premium payment is not received by the first of the month, a grace period of 31 days will be granted. During the grace period the Policy shall continue in force.

If the account continues to be delinquent for more than 31 days, your Policy will be terminated.

COMPLAINTS AND APPEALS

Our commitment to you is to ensure quality throughout the entire dental benefit process: from the courtesy extended to you by our Customer Service representatives to the dental services provided by PPO and Premier Providers. If you have questions about any services received, we recommend that you first discuss the matter with your Provider. However, if you continue to have concerns, please call our Customer Service Center. You can also e-mail questions by accessing the “Contact Us” section of our website at www.deltadentalins.com.

Complaints regarding eligibility, the denial of dental services or claims, the policies, procedures, or operations of Delta Dental, or the quality of dental services performed by the Provider may be directed in writing to us or by calling us toll-free at 800-521-2651.

When you write, please include the name of the Enrollee, the Primary Enrollee’s name and ID number, and your telephone number on all correspondence. You should also include a copy of the claim form, claim statement, or other relevant information. Your

claim statement will have an explanation of the claim review and any complaint process and time limits applicable to such process.

We will notify you and your Provider if Benefits are denied for services submitted on a Claim Form, in whole or in part, stating the reason(s) for denial. You and your Provider have at least 180 days after receiving a notice of denial to request a review by writing to Delta Dental giving reasons why you believe the denial was wrong. You may also ask Delta Dental to examine any additional information you include that may support your complaint.

Send your complaint to us at the address shown below:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

We will send you a written acknowledgment within 5 days upon receipt of your complaint. We will make a full and fair review within 30 days after we receive the complaint. We may ask for more documents if needed. We will send you a decision within 30 days. The review will take into account all comments, documents, records or other information, regardless of whether such information was submitted or considered initially. If the review is of a denial based in whole or in part on lack of dental necessity, experimental treatment or clinical judgment in applying the terms of this Policy, we shall consult with a dentist who has appropriate training and experience. The review will be conducted for us by a person who is neither the individual who made the claim denial that is subject to the review, nor the subordinate of such individual.

Appeals

If you believe you need further review of your claim and/or your complaint, you may contact your state insurance regulatory agency.

PROVISIONS REQUIRED BY LAW

Entire Contract; Changes

This Policy, including the endorsements and the attached papers, constitutes the entire contract of insurance. No change to this Policy shall be valid until approved by our executive officer and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

Incontestability

After three (3) years from the date of issue of this Policy, no misstatements, except fraudulent misstatements, made by you in the application for this Policy will be used to void the Policy or to deny a claim for loss incurred or disability commencing after the expiration of such 3-year period.

No claim for loss incurred or disability commencing after three (3) years from the date of issue of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss has existed prior to the effective date of this Policy.

Clinical Examination

Before approving a claim, we will be entitled to receive, to such extent as may be lawful, from any attending or examining Provider, or from hospitals in which a Provider's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, you as may be required to administer the claim, or have you be examined by a dental consultant retained by us, in or near your community or residence. We will in every case hold such information and records confidential.

Written Notice of Claim/Proof of Loss

We must be given written proof of loss within 12 months after the date of the loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give written proof in the time required, provided that the proof is filed as soon as reasonably possible. A notice of claim submitted by you, on your behalf, or on behalf of your beneficiary to us or to our authorized agent, with information sufficient to identify you will be considered notice of claim.

All written proof of loss must be given to us within 12 months of the termination of this Policy.

Send your Notice of Claim/Proof of Loss to us at the address shown below:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

Claim Form

We will, within 15 days after receiving a notice of a claim, provide you or your Provider with a Claim Form to make claim for Benefits. To make a claim, the form should be

completed and signed by the Provider who performed the services and by the patient (or the parent or guardian if the patient is a minor) and submitted to us at the address above.

If we do not send you or your provider a claim form within 15 days after you or your Provider gave us notice regarding a claim, the requirements for proof of loss outlined in the section “Written Notice of Claim/Proof of Loss” above will be deemed to have been complied with as long as you give us written proof that explains the type and the extent of the loss that you are making a claim for within the time established for filing proofs of loss. You may download a Claim form from our website.

Time of Payment

Claims payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be processed no later than 30 days for claims submitted electronically and within 45 days when submitted by other means after written proof of loss is received. We will notify you and your Provider of any additional information needed to process the claim

To Whom Benefits Are Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a PPO or Premier Provider will be made directly to the dentist. Any other payments provided by the Policy will be made to you. All benefits not paid to the Provider will be payable to you, the Primary Enrollee or Dependent Enrollee, or to your estate, or to an alternate recipient as directed by court order, except that if the person is a minor or otherwise not competent to give a valid release, benefits may be payable to his or her parent, guardian or other person actually supporting him or her.

Misstatements on Application; Effect

In the absence of fraud or intentional misrepresentation of material fact in applying for or procuring coverage under this Policy, all statements made by you will be deemed representations and not warranties. No such statement will be used in defense to a claim under this Policy, unless it is contained in a written application.

Any misrepresentation, omission, concealment of fact or incorrect statement which is material to the acceptance of risk may prevent recovery if, had the true facts been known to us, we would not in good faith have issued the Policy at the same premium rate. If any misstatement would materially affect the rates, we reserve the right to adjust the premium to reflect your actual circumstances at time of application.

Legal Actions

No action at law or in equity will be brought to recover on this Policy prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Policy, nor will an action be brought at all unless brought within three (3) years from expiration of the time within which proof of loss is required by this Policy.

Conformity With State Laws

All legal questions about this Policy will be governed by the state of Arkansas where this Policy was entered into and is to be performed. Any part of this Policy which, on its Effective Date, conflicts with the laws of Arkansas is hereby amended to conform to the minimum requirements of such laws.

NOTICE OF PRIVACY PRACTICES AND CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to tell you how Dentegra Insurance Company ("Dentegra") and Delta Dental Insurance Company (hereinafter collectively referred to as "Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's healthcare history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your benefits. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program, and we will notify you of how you can receive a copy of this notice every three years.

Permitted Uses and Disclosures of Your PHI

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third parties that perform services for Delta Dental in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Delta Dental in the administration of your benefits. These affiliates have

implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations

Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment.
For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.
 - Uses and/or disclosures of PHI for payment.
For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.
 - Uses and/or disclosures of PHI for healthcare operations.
For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.
-

Disclosures Without an Authorization

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Disclosures Delta Dental Makes With Your Authorization

Delta Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

Your Rights Regarding PHI

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting the appropriate Delta Dental office. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the privacy office as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are

not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from us by alternative means or at a different address. We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the privacy office as noted below.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact the privacy office as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by e-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints

You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that Delta Dental has violated your privacy rights. You may file a complaint with us by notifying the privacy office as noted below. We will not retaliate against you for filing a complaint.

Contact

You may contact the privacy office at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

Address: Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Phone: 800-521-2651

This notice is effective on and after July 1, 2006.

APPENDIX A

Benefits Summary

Coinsurance Plan

The services provided through this Policy include all the benefits described in this Benefit Summary, with the exception of those items listed in the Limitations and Exclusions subject to our processing policies. The percentages listed are based upon the share of the Delta Dental Maximum Contract Allowance paid by Delta Dental (Policy Benefit Level) and the patient (Enrollee Coinsurance). The patient's share may be higher depending on the applicability of Deductibles, maximums, the difference between a Non-Delta Dental Provider's fee and the Maximum Contract Allowance or the PPO Provider's or Premier Provider's Contracted Fee or charges for non-covered services.

Primary Enrollee: [Name]

Effective Date: [XXXXXX]

Plan: [XXXX]

You have a [Policy Year][Calendar Year] plan and deductibles and maximums will be based upon a [Policy Year][Calendar Year]. [Policy year is the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.][Calendar Year is the period of time beginning on January 1st and ending on December 31st and each subsequent 12 month period thereafter[LK56].]

Benefits:

Policy Benefit Level

Diagnostic and Preventive Benefits:	[50 – 100[LK57]]%
Basic Benefits:	[50 – 90[LK58]]%
Major Benefits:	[40 – 50[LK59]]%
[Orthodontic Benefits[LK60]]	50%

Percentages are based on the Maximum Contract Allowance.

[Standard Incentive Plan[LK61]]:

Delta Dental shall pay or otherwise discharge the following Policy Benefit Level of the

Maximum Contract Allowance for the following services:

Plan [XX]	Paid by Delta Dental during the First Year	Paid by Delta Dental during the Second Year	Paid by Delta Dental during the Third Year	Paid by Delta Dental during the Fourth Year and thereafter
Diagnostic & Preventive Benefits[LK62]	XX%	XX%	XX%	XX%
Basic Benefits[LK63]	XX%	XX%	XX%	XX%
Major Benefits[LK64]	XX%	XX%	XX%	XX%
[Orthodontic Benefits[LK65]	XX%	XX%	XX%	XX%]

Benefits will increase each year, on the anniversary of the Primary Enrollee's Effective Date, if the Enrollee utilizes the Benefits of the plan. If the plan is not utilized the benefit level will [remain at the attained level] [drop to the next lowest level] [drop to the base level]. Under no circumstances will the benefit level fall below the base benefit level. [Benefits for Enrollees with a break-in-coverage will decrease to the base level[LK66].]

[Enrollee Incentive Plan[LK67]:

We shall pay or otherwise discharge the following Policy Benefit Level of the Maximum Contract Allowance for the following services:

Plan [XX]	Paid by Delta Dental during the First Year	Paid by Delta Dental during the Second Year	Paid by Delta Dental during the Third Year	Paid by Delta Dental during the Fourth year and thereafter
Diagnostic & Preventive Benefits[LK68]	XX%	XX%	XX%	XX%
Basic Benefits[LK69]	XX%	XX%	XX%	XX%
Major Benefits[LK70]	XX%	XX%	XX%	XX%
[Orthodontic Benefits[LK71]	XX%	XX%	XX%	XX%]

Benefits will increase on the anniversary of the Primary Enrollee's Effective Date under this Policy. [Benefits for Enrollees with a break-in-coverage will decrease to the base level[LK72].]

Waiting Periods^[LK73]:

- [[Basic Benefits are^[LK74] limited to Enrollees who have been covered under this Policy for [12^[LK75] consecutive months.] [Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective Date for the Primary Enrollee and/or Dependent Enrollee.]]

[[Basic Benefits are^[LK76] limited to Enrollees who have been covered under this Policy for [12^[LK77] consecutive months. The waiting period for a Dependent Enrollee is determined by the Primary Enrollee's length of coverage.]]

- [[Major Benefits are^[LK78] limited to Enrollees who have been covered under this Policy for [12^[LK79] consecutive months.] [Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective Date for the Primary Enrollee and/or Dependent Enrollee.]]

[[Major Benefits are^[LK80] limited to Enrollees who have been covered under this Policy for [12^[LK81] consecutive months. The waiting period for a Dependent Enrollee is determined by the Primary Enrollee's length of coverage.]]

- [[Orthodontic Benefits are^[LK82] limited to [Dependent Children of Primary Enrollees^[LK83] [Primary Enrollees and their Dependents^[LK84] who have been covered under this Policy for [12^[LK85] consecutive months.] [Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective for the Primary Enrollee and/or Dependent Enrollee.]]

[[Orthodontic Benefits are^[LK86] limited to [Dependent Children of Primary Enrollees^[LK87] [Primary Enrollees and their Dependents^[LK88] who have been covered under this Policy for [12] consecutive^[LK89] months. The waiting period for a Dependent Enrollee is determined by the Primary Enrollee's length of coverage.] [Waiting periods are calculated for each Primary Enrollee from the Effective Date for the Primary Enrollee.]]

Deductible Amount:

For each Enrollee per [Calendar Year] [Policy Year]: \$[XX.XX^[LK90]]

For each family per [Calendar Year] [Policy Year]: \$[XX.XX^[LK91]]

[The Deductible does not apply to Diagnostic and Preventive Services^[LK92].]

Maximum Amount:

- \$**xxx**_[LK93] per Enrollee per [Policy Year] [Calendar **Year**_[LK94]].
- [**xxx**_[LK95] per [[Enrollee/dependent child Enrollee] per [**lifetime**_[LK96]/Policy Year] for Orthodontic Benefits.]

[The Maximum Amount does not apply to Diagnostic and Preventive **Services**_[LK97].]

Premium:

[Per Primary Enrollee: \$ **XXXX**

Per Primary Enrollee with one Dependent: \$ **XXXX**

Per Primary Enrollee with two or more Dependents: \$ **XXXX**_[LK98]

Premiums are to be remitted to:

Delta Dental Insurance Company

P.O. Box 1809

Alpharetta, GA 30023-1809

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not limited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state.

You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract. Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association

c/o The Liquidation Division

1023 West Capitol

Little Rock, Arkansas 72201

Arkansas Insurance Department

1200 West Third Street

Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverage’s, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the law of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insured's who live outside that state).
- The insurer was not authorized to do business in this state.
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to groups contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plan protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an allocated annuity contract now owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligation that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders or other documents which do not

meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;

- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNTS OF COVERAGE

The Act also limits the amount the Guarantee Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 –no matter how many policies and contracts there were with the same company, even if they provided different types of coverage's. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverage's. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Dental Insurance Rates

Please check your preferred enrollment option, billing option, plan option and payment method below. You must pay your initial enrollment payment by check, money order or credit card.

Enrollment Option

- ☐ Single ☐ Two Party
☐ Family (three or more)

Plan Option

- ☐ Plan [XXX]
☐ Plan [XXX]

Billing Option

- ☐ Annually ☐ Semi-Annually ☐ Quarterly
☐ Monthly EFT (Monthly Electronic Funds Transfers are processed on the [XXth] of each month. Include your first two months' payment and a blank, voided check with this form.)

Payment Method

- ☐ Check/money order (**Please make payable to Delta Dental Insurance Company**)

☐ Visa®/MasterCard # _____ Exp. Date _____ Card Code _____ (Last three digits on signature strip on reverse of card.)

☐ American Express # _____ Exp. Date _____ Card Code _____ (Four-digit number on front of card, right-hand side.)

Amount Paid \$ _____ Name as it appears on credit card _____

Signature (for credit card payment only) _____ Date _____

Enclose initial payment based on the selected payment option and coverage in the chart below.

Note: If you select EFT monthly, enclose two times the monthly rate and a voided check to begin enrollment.

Payment Frequency	Plan [XXX]			Plan [XXX]		
	Single	Two Person	Family	Single	Two Person	Family
EFT Monthly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Quarterly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Semi-Annually	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Annually	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

The rates are valid for applicants whose coverage begins on or before XX/X/XX.

For applicants who enroll after this date, please call toll-free 1-XXX-XXX-XXXX.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____

Date ____ / ____ / ____



Outline of Coverage and Disclosure Form

Limited Benefit Health Coverage

PPO Individual and Family Dental Insurance

Read your Policy carefully. This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance Policy and only the Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY. The Policy provides benefits for dental care only. It does not pay benefits for any other type of loss such as medical or hospital expenses.

If you are not satisfied with the Policy for any reason, you may return the Policy within 10 days after you receive it. Mail or deliver it to Delta Dental Insurance Company (“Delta Dental”). Any premium paid will be refunded. The Policy will then be void from its start.

Renewal and Premium Changes	
Renewability:	<p>The Primary Enrollee may keep the Policy in force by timely payment of the premiums or may terminate his/her coverage by providing written notice. Delta Dental may refuse renewal due to:</p> <ol style="list-style-type: none">1) non-payment of premium;2) fraud or material misrepresentation made by or with the knowledge of the Enrollee (or Eligible Dependent) applying for coverage or filing a claim for Benefits;3) failure of the Enrollee to comply with material provisions of the Policy; or4) Delta Dental ceasing to renew all Policies issued on the same form to residents of the state where you live. <p>At least 30 days notice of any non-renewal action will be mailed to the Primary Enrollee. You may elect to not renew your coverage under the Policy by sending us written notice of your intent to terminate the Policy. Termination of the Policy and coverage for you and all Enrollees under the Policy will be effective on the last day of the month that we receive your written request of termination.</p>
[Rate Guarantee	<p>If you select a plan that contains waiting periods the initial premium rate is guaranteed for the first [12] months of continuous enrollment under the Policy, based on new enrollee premium rates in force at the time of your enrollment. After the first [12] months of enrollment, premium rates may be adjusted annually. If you move or change your enrollment options your premium rate may also change[LK1].</p>

Right to Change Premium	We may change premium annually at renewal. We will provide at least 30 days advance notice of any change in premium.	
Description of Coverage		
<p>The Policy will pay benefits shown on the Benefit Summary. These benefits are subject to Limitations and Exclusions and other terms included in the Policy. The percentages listed below are based upon the share of the Maximum Contract Allowance paid by Delta Dental (Contract Benefit Level) and your share of the cost (Enrollee Coinsurance).</p> <p>Your share of cost may be higher depending on the applicability of deductibles, maximums, the difference between the Provider's Accepted Fee and the Maximum Contract Allowance or charges for non-covered services.</p> <p>Payment for covered services performed for you by a Delta Dental PPOSM Provider is calculated based on the Maximum Contract Allowance, which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee. Delta Dental Providers have agreed to accept the PPO Provider's Contracted Fee as the full charge for covered services.</p> <p>Payment for covered services performed for you by a Delta Dental Premier[®] Provider is calculated based on the Maximum Contract Allowance, [which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee for a PPO Provider in the same geographic area.][which is the lesser of the submitted fee on the claim or the Premier Provider's Contracted Fee.]. Premier Providers have agreed to accept the Premier Provider's Contracted Fee as the full charge for covered services.</p> <p>Payment for covered services performed for you by a Non-Delta Dental Provider is also calculated based on the Maximum Contract Allowance. Non-Delta Dental Providers do not limit their charges for services and may bill you for their normal charges, which may be higher than the Maximum Contract Allowance for the service.</p>		
Benefits <small>[LK2]</small>		
Plan <small>[XX][LK3]</small>	Paid by Delta Dental	Paid by Patient
Diagnostic & Preventive Benefits <small>[LK4]</small>	<small>[XX][LK5]</small> %	XX%
Basic Benefits	<small>[XX][LK6]</small> %	XX%
Major Benefits	<small>[XX][LK7]</small> %	XX%
[Orthodontic Benefits]	<small>[XX][LK8]</small> %	XX%]
Deductibles and Maximums Per Enrollee		
Annual Deductible*	<p>For each enrollee per [Policy Year][Calendar Year] is \$<small>[XX][LK9]</small></p> <p>For each family per [Policy Year][Calendar Year] is \$<small>[XX][LK10]</small></p> <p>[The Deductible does not apply to Diagnostic and Preventive Services<small>[LK11]</small>.]</p>	

Maximum Amount	<ul style="list-style-type: none"> • \$[XXX][LK12] per Enrollee per [Policy Year][Calendar Year][LK13]. • \$[XXX][LK14] per [[Enrollee/per dependent child Enrollee]per [Lifetime/Policy Year][LK15]] for Orthodontic Benefits] <p>[The Maximum Amount does not apply to Diagnostic and Preventive Services][LK16].]</p>
Benefit Waiting Period	<p>The plan option you choose may have a waiting period on some of the services (a period of time you must be enrolled before certain services are covered). Check your Benefit Summary in your Policy for any applicable waiting periods. No exceptions or credits are given for prior coverage.</p>
Limitations and Exclusions	
Limitations	<p>[Services limited by age, type of procedure and/or frequency include but are not limited to:</p> <ul style="list-style-type: none"> • x-rays; • exams; • cleanings; • fluoride treatment; • space maintainers; • sealants; • periodontal services; • fillings; • single crowns, inlays/onlays and cast restorations; • denture relining, rebasing or adjustments; • pupal therapy; • root canal (endodontic) treatment or retreatment; • recementation; • prosthodontic appliances or dental implants; • fixed bridge or removable dentures; • periodontal scaling and root planing; • orthodontic treatment; • dental accident; • specialist consultations][LK17];]
Exclusions	<p>[Policy exclusions include but are not limited to:</p> <ul style="list-style-type: none"> • treatment that falls under workers' compensation or employers' liability unless prohibited by law; • cosmetic dentistry or surgery procedures • maxillofacial prosthetics; • services for congenital or developmental malformations except when services provided to newborn children for medically diagnosed congenital defects or birth abnormalities; • services and/or appliances to alter the vertical dimension or restore structure loss from attrition; • any single procedure started prior to the date the Enrollee became covered under the plan;

Exclusions	<ul style="list-style-type: none"> • prescription and non-prescription drugs; • experimental procedures; • charges for anesthesia, other than general anesthesia and IV sedation in connection with oral surgery or selected endodontic and periodontal surgical procedures; extraoral grafts; • interim implants; • hospitalization costs; • treatment by someone other than a provider; • plaque control programs; dietary instruction; x-ray duplications, cancer screening, tobacco counseling or broken appointments; • dental practice administrative services; • services or supplies covered by any other health plan; • treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse); • procedures having a questionable prognosis • Temporomandibular Joint Dysfunction treatment[LK18];] <p>The Policy limits payment to the least costly professionally accepted dental procedure</p> <ul style="list-style-type: none"> • This is a summary of the Limitations and Exclusions and is not intended to be a comprehensive listing. If you would like to receive/view a complete listing please visit our website at www.deltadentalins.com or contact our Customer Service Center toll-free at 1-800-521-2651.
Pre-existing Condition Limitations	There are no pre-existing condition limitations under this Policy.
Eligibility	
Eligibility	<p>At least one enrolled family member must be designated as the Primary Enrollee. Primary Enrollees electing to enroll their eligible family members must enroll them: 1) at the time the Primary Enrollee enrolls; 2) within 90 days of the Primary Enrollee's initial enrollment; or 3) within 31 days of a Qualifying Status Change.</p> <p>Eligible family members include the Primary Enrollee's spouse, domestic partner}, and unmarried dependent children until the end of the month of their 19th birthday (includes dependent children of the spouse or domestic partner. Unmarried dependent children are eligible from birth to their 19th birthday. However, an unmarried child over age 19 may remain eligible 1) up to their 25th birthday if a full-time student in an accredited school; or 2) if that child is incapable of self-support because of a physical disability or mental incapacity and is chiefly dependent on the Primary Enrollee for support and maintenance.</p> <p>Please contact our Customer Service Center at 1-800-521-2651 if you have any questions regarding eligibility.</p>

Enrollment Information	
[Minimum Enrollment Period]	Delta Dental Primary Enrollees and their dependents selecting dental coverage must enroll for a minimum of [12] months. If coverage is voluntarily discontinued, Primary Enrollees and their covered family members may not re-enroll during the [12]-month period immediately following the voluntary termination[LK19].]
Enrollment Grace Period	There is a period of 10 days from your coverage effective date which you may rescind this Policy and receive a full refund, provided you and all enrolled family members have not used any benefits under this Policy.

IMPORTANT: In the event of any inconsistency between this Outline of Coverage and the Policy, the terms of the Policy will control.

Premium Information		
Premiums for the Delta Dental PPO Plan are based on the prevailing dental costs in the region where you live (based on your ZIP code), your choice of three enrollment options: single-party enrollment, two-party enrollment, or a family enrollment of three or more persons, and your choice of Plan.		
Your Selection	Plan Option	[XX[LK20]]
	Enrollment Option	[Individual[LK21]]
	Payment Frequency:	[Monthly[LK22]]
	Premium Payment	[\$XX.XX[LK23]]

Underwritten by **Dentegra Insurance Company**
and

Administered by Delta Dental Insurance Company

P.O. Box 1809
Alpharetta, GA 30023-1809
Toll Free Customer Service Telephone Number: 800-521-2651
Website: [www.deltadentalins.com]

SERFF Tracking Number: WESA-126743950
Filing Company: Dentegra Insurance Company
Company Tracking Number: I-SLE-C-AR-09
TOI: H101 Individual Health - Dental
Product Name: Dentegra SLE AR
Project Name/Number: Dentegra SLE AR/I-SLE-C-AR-09

State: Arkansas
State Tracking Number: 46347
Sub-TOI: H101.000 Health - Dental

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Dentegra Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number:	WESA-126743950	State:	Arkansas
Filing Company:	Dentegra Insurance Company	State Tracking Number:	46347
Company Tracking Number:	I-SLE-C-AR-09		
TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	Dentegra SLE AR		
Project Name/Number:	Dentegra SLE AR/I-SLE-C-AR-09		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/09/2010	Rating Manual Exhibits	I-SLE-C-AR-09, EF-I-SLE-ST-09, OOC-I-SLE-AR-2010	New		DIC SLE Individual Rating Manual Exhibits 7-8-10.pdf

DENTEGRA INSURANCE COMPANY

DENTAL INDIVIDUAL MANUAL RATE FORMULA

Table of Contents

Exhibit I	Rating Formula Summary
Exhibit II	Miscellaneous Factors
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Exhibit VII	Waiting Period Credit
Exhibit VIII	Maximum & Deductible Credits
Exhibit IX	Individual Selection Adjustment
Exhibit X	Richness of Benefits Adjustment Factors
Exhibit XI	PPO Discounts
Exhibit XII	Orthodontia Rates
Exhibit XIII	Example of Manual Rating Calculation

Exhibit I

Rating Formula Summary

	<u>Enrollee</u>	<u>Spouse</u>	<u>Child</u>	<u>Comments</u>
In Network	Cost per User	Cost per User	Cost per User	Exhibit III
x	Utilization	Utilization	Utilization	Exhibit IV
x	Coinsurance	Coinsurance	Coinsurance	Input
x	Trend	Trend	Trend	Exhibit II
/	Misc_Dent_Fact	Misc_Dent_Fact	Misc_Dent_Fact	Exhibit II
/	12	12	12	Monthly rate
=	Monthly Rates	Monthly Rates	Monthly Rates	
	Total Monthly Rates	Total Monthly Rates	Total Monthly Rates	Total across all lines of service
-	Waiting Period Credit	Waiting Period Credit	Waiting Period Credit	Exhibit VII
-	Maximum Credit	Maximum Credit	Maximum Credit	Exhibit VIII
-	Deductible Credit	Deductible Credit	Deductible Credit	Exhibit VIII
x	Individual Selection Adj	Individual Selection Adj	Individual Selection Adj	Exhibit IX
x	Richness of Benefits Adj	Richness of Benefits Adj	Richness of Benefits Adj	Exhibit X
x	PPO Discount	PPO Discount	PPO Discount	Exhibit XI
x	In Network Util	In Network Util	In Network Util	Exhibit II
=	In Network Adj Rate	In Network Adj Rate	In Network Adj Rate	
x	Out Network Util	Out Network Util	Out Network Util	Exhibit II
=	Out Network Adj Rate	Out Network Adj Rate	Out Network Adj Rate	
	Adult Ortho Rate	Adult Ortho Rate	Child Ortho Rate	Exhibit XII

One Party = (In Network Adj Enrollee Rate + Out Network Adj Enrollee Rate + Adult Ortho Rate) / (1-Admin)

Two Party = ((In Network Adj Enrollee Rate + Out Network Adj Enrollee Rate +
0.7985 x (In Network Adj Spouse Rate + Out Network Adj Spouse Rate) +
0.2015 x (In Network Adj Child Rate + Out Network Adj Child Rate)) +
(1.88 x Adult Ortho Rate + 0.24 x Child Ortho Rate)) / (1-Admin)

Three Party = ((In Network Adj Enrollee Rate + Out Network Adj Enrollee Rate +
0.8973 x (In Network Adj Spouse Rate + Out Network Adj Spouse Rate) +
1.93 x (In Network Adj Child Rate + Out Network Adj Child Rate)) +
(1.88 x Adult Ortho Rate + 2.0 x Child Ortho Rate)) / (1-Admin) (if fam deduct = 0)

Three Party = ((In Network Adj Enrollee Rate + Out Network Adj Enrollee Rate
0.8973 x (In Network Adj Spouse Rate + Out Network Adj Spouse Rate) +
1.93 x (In Network Adj Child AGG Rate + Out Network Adj Child AGG Rate)) +
(1.88 x Adult Ortho Rate + 2.0 x Child Ortho Rate)) / (1-Admin) (if fam deduct > 0)

Exhibit II

Miscellaneous Factors

Factor	Definition																																																				
A	Deductible per Individual																																																				
B	Enrollee: Max [0.50, Diagnostic coinsur x 0.4602 + Preventive coinsur x 0.5398]																																																				
B	Spouse: Max [0.50, Diagnostic coinsur x 0.4639 + Preventive coinsur x 0.5361]																																																				
B	Child: Max [0.50, Diagnostic coinsur x 0.4575 + Preventive coinsur x 0.5425]																																																				
C	Enrollee: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00																																																				
C	Spouse: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00																																																				
C	Child: 1.00																																																				
M	Min [12, Prosth Waiting Period in Months] / 12																																																				
N	Min [12, Crowns Waiting Period in Months] / 12																																																				
P	Enrollee: Max [0.50, Dentures coinsur x 0.2721 + Bridges coinsur x 0.7279]																																																				
P	Spouse: Max [0.50, Dentures coinsur x 0.2711 + Bridges coinsur x 0.7289]																																																				
P	Child: Max [0.50, Dentures coinsur x 0.9241 + Bridges coinsur x 0.0759]																																																				
Y	1.0 - 0.4 ^ (0.001 x Maximum^1.06) (if Maximum > 0)																																																				
Y	1.0 - 0.4 ^ (0.001 x 9999^1.06) (if Maximum = 0)																																																				
Z	Max [0.50, Crown coinsur]																																																				
Admin	See Exhibit V																																																				
Category 1 Table	See Exhibit VIII																																																				
Trend	3%/year from 1/1/2002 thru 12/31/2002 and 5%/year from 1/1/2003 thru Eff Date																																																				
Ded_Factor	0 <= deductible per individual <= 25, deductible per individual / 25 * .02 25 < deduct/individual <= 50, ((deduct/individual - 25) / 25 * (.035 - .02)) + .02 50 < deduct/individual <= 100, ((deduct/individual - 50 / 50 * (.05 - .035)) + .035 deductible per individual > 100, .05																																																				
In Network Util	30% unless another factor is more appropriate																																																				
Out Network Util	70% unless another factor is more appropriate																																																				
	<table><tr><td></td><td><u>Enrollee</u></td><td><u>Spouse</u></td><td><u>Child</u></td></tr><tr><td>Stabilization</td><td>0.9985</td><td>1.0219</td><td>0.9235</td></tr><tr><td>U_D&P_Coeff</td><td>1.4618</td><td>1.4618</td><td>1.4618</td></tr><tr><td>U_D&P^2_Coeff</td><td>-0.7467</td><td>-0.7467</td><td>-0.7467</td></tr><tr><td>Misc_Dent_Fact</td><td>0.9894</td><td>0.9903</td><td>0.9704</td></tr><tr><td>Rest_Usage</td><td>0.4348</td><td>0.4257</td><td>0.5602</td></tr><tr><td>OtherBasic_Usage</td><td>0.5652</td><td>0.5743</td><td>0.4398</td></tr><tr><td>Util - Basic LOS</td><td>0.3304</td><td>0.3243</td><td>0.4436</td></tr><tr><td>Util - Crown LOS</td><td>0.2765</td><td>0.2840</td><td>0.0380</td></tr><tr><td>Util - Prosth LOS</td><td>0.1699</td><td>0.1842</td><td>0.0123</td></tr><tr><td>Wait_Fact (not waive on initial)</td><td>0.13145</td><td>0.13145</td><td>0.13145</td></tr><tr><td>Wait_Fact (waive on intial EEs)</td><td>0.0250</td><td>0.0250</td><td>0.0250</td></tr><tr><td>Agg_Fact</td><td>1.0000</td><td>1.0000</td><td>((Deduct per Family/Deduct per Individual -1)-.852435)/1.8</td></tr></table>		<u>Enrollee</u>	<u>Spouse</u>	<u>Child</u>	Stabilization	0.9985	1.0219	0.9235	U_D&P_Coeff	1.4618	1.4618	1.4618	U_D&P^2_Coeff	-0.7467	-0.7467	-0.7467	Misc_Dent_Fact	0.9894	0.9903	0.9704	Rest_Usage	0.4348	0.4257	0.5602	OtherBasic_Usage	0.5652	0.5743	0.4398	Util - Basic LOS	0.3304	0.3243	0.4436	Util - Crown LOS	0.2765	0.2840	0.0380	Util - Prosth LOS	0.1699	0.1842	0.0123	Wait_Fact (not waive on initial)	0.13145	0.13145	0.13145	Wait_Fact (waive on intial EEs)	0.0250	0.0250	0.0250	Agg_Fact	1.0000	1.0000	((Deduct per Family/Deduct per Individual -1)-.852435)/1.8
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	650 - 699	0.88	1,000 +	1.00																																																	
	700 - 799	0.90																																																			

Exhibit III

Cost per User

Diagnostic and Preventive:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x (1-Ded_Factor) x State Factor x Stabilization

Simple Restorations:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x C x State Factor x Stabilization

Other Basic, Crowns and Prosthodontics

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x State Factor x Stabilization

Enrollee	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	67.4966	-	84.2177	-	46.8301	-
Diagnostic	80.3916	-	-	-	-	-
Other Basic	116.7371	-	48.7755	-	-	-
Preventive	78.0551	-	-	-	-	-
Prosthodontics	57.9701	-	44.3402	-	-	92.6872
Simple Restorations	90.2753	-	20.1419	-	-	-

Spouse	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	79.9197	-	100.2565	-	25.4774	-
Diagnostic	78.2858	(0.0756)	-	-	-	-
Other Basic	153.6545	-	-	-	-	-
Preventive	74.7910	-	-	-	-	-
Prosthodontics	63.8846	-	70.2103	-	-	67.0704
Simple Restorations	105.0966	-	-	-	-	-

Child	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	11.0198	-	-	-	-	-
Diagnostic	64.2618	-	20.4836	-	-	-
Other Basic	74.4443	-	-	-	-	-
Preventive	77.2091	-	-	10.3675	-	-
Prosthodontics	3.6790	-	-	-	-	-
Simple Restorations	94.2539	-	-	-	-	-

Exhibit IV Utilization

Utilization =

(Enrollee) $\text{Max} [0.50, (U_D\&P_Coeff \times B + U_D\&P^2_Coeff \times B^2) \times .79195]$
 (Spouse) $\text{Max} [0.50, (U_D\&P_Coeff \times B + U_D\&P^2_Coeff \times B^2) \times .79195] \times 0.95$
 (Child) $\text{Max} [0.50, (U_D\&P_Coeff \times B + U_D\&P^2_Coeff \times B^2) \times .79195] \times 0.90$

Note

See Exhibit II for miscellaneous factors.

Exhibit V Administrative Charges

<u>Claims</u>	<u>Acquisition</u>	<u>General</u>		<u>Premium</u>	
<u>Processing</u>	<u>& Services</u>	<u>Overhead</u>	<u>Risk</u>	<u>Tax</u>	<u>Commission</u>
1.35%	9.00%	5.00%	5.50%	2.06%	15.00%

Total Administration is the sum of all of the above components.

Note

All admin charges are variable, most notably commission. This is an example of the recommended administrative charges. Exceptions regarding maximum admin charge by state are as follows:

Nevada	25%
New Hampshire	30%
South Dakota	30%
Washington	40%

Exhibit VI

State Factors

State	Enrollee	Spouse	Child	State	Enrollee	Spouse	Child
AK	0.9721	0.9489	1.0716	MT	0.6450	0.6296	0.7110
AL	0.6243	0.6094	0.6882	NC	0.5491	0.5360	0.6053
AR	0.5852	0.5712	0.6451	ND	0.6512	0.6356	0.7179
AZ	0.8126	0.7932	0.8958	NE	0.6656	0.6497	0.7338
CA	1.0321	1.0074	1.1378	NH	0.7590	0.7409	0.8367
CO	0.8977	0.8762	0.9896	NJ	0.9235	0.9014	1.0181
CT	0.9946	0.9708	1.0964	NM	0.7875	0.7687	0.8681
DC	0.6717	0.6556	0.7405	NV	0.8070	0.7877	0.8896
DE	0.7778	0.7592	0.8574	NY	0.7762	0.7576	0.8557
FL	0.8298	0.8100	0.9148	OH	0.5239	0.5114	0.5775
GA	0.6880	0.6715	0.7584	OK	0.7955	0.7765	0.8770
HI	0.6869	0.6705	0.7572	OR	0.8267	0.8069	0.9113
IA	0.5614	0.5480	0.6189	PA	0.5064	0.4943	0.5583
ID	0.7519	0.7339	0.8289	PR	0.3848	0.3756	0.4242
IL	0.7190	0.7018	0.7926	RI	0.7956	0.7766	0.8771
IN	0.5283	0.5157	0.5824	SC	0.6439	0.6285	0.7098
KS	0.6444	0.6290	0.7104	SD	0.6006	0.5862	0.6621
KY	0.5235	0.5110	0.5771	TN	0.6131	0.5984	0.6759
LA	0.5732	0.5595	0.6319	TX	0.7588	0.7407	0.8365
MA	0.8975	0.8760	0.9894	UT	0.8189	0.7993	0.9028
MD	0.5137	0.5014	0.5663	VA	0.6548	0.6391	0.7218
ME	0.6942	0.6776	0.7653	VT	0.6871	0.6707	0.7575
MI	0.7304	0.7129	0.8052	WA	1.1092	1.0827	1.2228
MN	0.8480	0.8277	0.9348	WI	0.6800	0.6637	0.7496
MO	0.6850	0.6686	0.7551	WV	0.4655	0.4544	0.5132
MS	0.5985	0.5842	0.6598	WY	0.8791	0.8581	0.9691

Multiple to Out of Network Region Factors to adjust percentile

Program Allowance based on 95th	1.0073
Program Allowance based on 90th	1.0000
Program Allowance based on 85th	0.9924
Program Allowance based on 80th	0.9842
Program Allowance based on 75th	0.9760
Program Allowance based on 70th	0.9669
Program Allowance based on 60th	0.9462
Program Allowance based on 50th	0.9222

* If reimbursement for out of network is based on the Dentegra Provider's Contracted Fee, use the PPO In Network Factors.

If reimbursement for out of network is based on the amount shown on the Table of Allowances please see exhibit XV for rate development.

In Alaska and Massachusetts out of network program allowances will be based on the 80th percentile of greater.

In Kentucky the difference between the amount payable for PPO In Network providers and Out of Network providers will not exceed 25%.

Exhibit VII

Waiting Period Credit

Waiting Period Credit =

$$\begin{aligned} & [(\text{Cost_per_User_Prosth} \times M \times \text{Prosth Coinsurance} + \\ & \quad \text{Cost_Per_User_Crowns} \times N \times \text{Crown Coinsurance}) \times \\ & \quad \text{Wait_Fact} \times \text{Trend} \times \text{Area_Fact} / (\text{Misc_Dent_Fact})] \\ & \times \text{Util} / [12 \times (1 - \text{Admin})] \end{aligned}$$

Note

See Exhibit II for miscellaneous factors.

Exhibit VIII(a)

Maximum & Deductible Credits

Deductible Credit Calculation

<u>Description</u>	<u>Formula</u>
(1) Ded Lower Limit	0 if D&P not exempt; otherwise: $(\text{Diag_Cost_per_User} + \text{Prev_Cost_per_User}) / (\text{Stabilization})$
(2) Ded Upper Limit	$(1) + \text{Deductible} / (\text{State Factor} \times \text{Trend})$
(3) % Ded Lower	0 if D&P not exempt; otherwise: $[(1) - (\text{next cost bracket} < (1) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (1) \text{ and cost bracket} < (1))$
(4) % Ded Upper	0 if D&P not exempt; otherwise: $[(2) - (\text{next cost bracket} < (2) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (2) \text{ and cost bracket} < (2))$
(5) Freq Ded Lower	Actual number of cases for (1) from Category 1 Table (interpolated value using (3))
(6) Freq Ded Upper	Actual number of cases for (2) from Category 1 Table (interpolated value using (4))
(7) Amount Ded Lower	Actual approved amount for (1) from Category 1 Table (interpolated value using (3))
(8) Amount Ded Upper	Actual approved amount for (2) from Category 1 Table (interpolated value using (4))
(9) Ded Credit	$[(8) - (7) - (2) \times (6) + (1) \times (5)] / (17) + (2) - (1)$
(10) Ded Credit with Factors	$(9) \times \text{Trend} \times \text{State Factor}$
(11) Ded Credit with Coinsur	$(10) \times (\text{Simple Restoration Coins} \times \text{Rest_Usage} + \text{Other Basic Coins} \times \text{OtherBasic_Usage}) \times \text{Stabilization} \times \text{Util}$
Monthly Ded Credit	$[(11)] / 12 \times \text{Agg_Fact}$

Maximum Credit Calculation

<u>Description</u>	<u>Formula</u>
(12) Max Limit	$(\text{Diag_Cost_per_User} + \text{Prev_Cost_per_User}) \times (1 - \text{DiagCoinsur}/(21)) + [\text{Max} + (11) \times \text{Agg_Fact} / (\text{Stabilization} \times \text{Util}) + (\text{Prosth_Cost_per_User} \times \text{Prosth Coinsur} \times \text{M} + \text{Crown_Cost_per_User} \times \text{Crown Coinsur} \times \text{N}) / (\text{Stabilization} \times \text{Misc_Dent_Fact}) \times \text{Trend} \times \text{Wait_Fact}] / (21)$
(13) Max Limit '93	$(12) / \text{State Factor} \times \text{Trend}$
(14) % Max Limit '93	0 if maximum=0; otherwise: $[(13) - (\text{next cost bracket} < (13) \text{ from Category 1 Table})] / (\text{diff between cost bracket} > (13) \text{ and cost bracket} < (1))$
(15) # Max Limit '93	Actual number of cases for (13) from Category 1 Table (interpolated value using (14))
(16) \$ Max Limit '93	Actual approved amount for (13) from Category 1 Table (interpolated value using (14))
(17) Total No. Cases	Constant from Category 1 Table
(18) Total Amt Approved	Constant from Category 1 Table
(19) Est Amt Given Max	0 if maximum=0; otherwise: $(16) + (13) \times [(17) - (15)]$
(20) Max Credit	0 if $(18) < (19)$; otherwise: $[(18) - (19)] / (17) \times \text{Max_Credit_Adj}$
(21) Major Service Coinsur	$[\text{OtherBasic_Coinsur} \times \text{Basic_Util} + \text{Crown_Coinsur} \times \text{Crown_Util} + \text{Prosth_Coinsur} \times \text{Prosth_Util}] / (\text{Basic_Util} + \text{Crown_Util} + \text{Prosth_Util})$
(22) Adj Max Credit	$(20) \times (21) \times \text{Trend} \times \text{State Factor}$
Monthly Max Credit	$[(22) \times \text{Stabilization} \times \text{Util}] / 12$

Exhibit VIII(b) - Maximum and Deductible Credits
Category 1 Table (Full Benefits - i.e. all copays >= 50%)

		Enrollee	Enrollee	Spouse	Spouse	Child	Child			Enrollee	Enrollee	Spouse	Spouse	Child	Child
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Nx</u>	<u>Ax</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Nx</u>	<u>Ax</u>	<u>Nx</u>	<u>Ax</u>
-	2	113	1,601	73	1,010	169	3,244	140	144	144,777	13,440,174	86,653	7,916,919	157,529	13,947,766
2	4	226	3,203	145	2,019	338	6,487	144	148	150,525	14,287,978	89,823	8,384,738	162,130	14,625,375
4	6	338	4,804	218	3,029	507	9,731	148	152	156,289	15,161,119	93,045	8,873,369	166,333	15,260,743
6	8	451	6,405	290	4,038	676	12,974	152	156	161,961	16,043,213	96,149	9,356,841	170,757	15,946,155
8	10	564	8,006	363	5,048	844	16,218	156	160	167,524	16,930,935	99,105	9,829,583	175,507	16,700,770
10	12	703	10,640	457	6,826	1,085	21,390	160	164	172,985	17,821,216	101,985	10,298,807	180,251	17,473,688
12	14	857	13,844	562	9,029	1,364	27,629	164	168	178,330	18,713,656	104,850	10,776,889	184,642	18,207,035
14	16	1,011	17,049	668	11,232	1,643	33,869	168	172	183,546	19,605,069	107,689	11,261,602	188,715	18,902,978
16	18	1,165	20,253	774	13,435	1,923	40,108	172	176	188,558	20,481,415	110,420	11,738,772	192,673	19,594,599
18	20	1,319	23,458	879	15,638	2,202	46,348	176	180	193,352	21,339,334	113,031	12,205,443	196,552	20,287,913
20	22	1,473	26,662	985	17,841	2,482	52,587	180	184	197,930	22,177,085	115,522	12,660,648	200,350	20,982,277
22	24	1,627	29,867	1,091	20,044	2,761	58,827	184	188	202,309	22,996,325	117,901	13,105,276	204,034	21,671,185
24	26	1,781	33,071	1,196	22,248	3,041	65,066	188	192	206,532	23,803,540	120,195	13,543,113	207,519	22,337,166
26	28	1,976	38,289	1,329	25,807	3,506	77,338	192	196	210,600	24,597,815	122,403	13,973,690	210,799	22,977,660
28	30	2,198	44,796	1,478	30,236	4,069	93,606	196	200	214,514	25,377,909	124,527	14,396,325	213,876	23,591,034
30	32	2,517	55,729	1,696	37,702	4,825	118,514	200	204	218,274	26,142,400	126,571	14,810,916	216,788	24,182,622
32	34	2,837	66,662	1,913	45,168	5,595	145,503	204	208	221,883	26,889,966	128,539	15,218,234	219,571	24,759,639
34	36	3,235	81,092	2,168	54,356	6,401	175,418	208	212	225,339	27,620,465	130,432	15,617,676	222,228	25,321,060
36	38	3,766	101,605	2,494	66,939	7,382	213,455	212	216	228,649	28,332,435	132,253	16,008,899	224,761	25,866,316
38	40	4,460	129,747	2,925	84,458	8,789	269,869	216	220	231,855	29,033,763	134,015	16,394,603	227,212	26,402,901
40	42	5,667	180,830	3,753	119,424	10,616	346,793	220	224	234,987	29,730,877	135,726	16,776,045	229,604	26,935,993
42	44	7,224	250,824	4,735	163,553	12,711	439,567	224	228	238,066	30,428,401	137,391	17,153,774	231,952	27,468,825
44	46	9,094	338,996	5,855	216,433	14,892	540,865	228	232	241,090	31,125,904	139,008	17,527,415	234,256	28,001,045
46	48	11,654	463,441	7,428	292,835	17,340	659,103	232	236	244,061	31,822,954	140,579	17,896,593	236,517	28,532,302
48	50	15,037	633,479	9,550	399,404	20,088	797,090	236	240	246,978	32,519,119	142,103	18,260,931	238,734	29,062,247
50	52	18,649	823,811	11,825	519,206	22,959	947,790	240	244	249,829	33,211,045	143,590	18,621,821	240,908	29,589,937
52	54	21,898	1,001,664	13,858	630,394	25,776	1,101,335	244	248	252,601	33,895,062	145,048	18,981,681	243,039	30,115,742
54	56	24,816	1,165,407	15,671	732,202	28,559	1,258,034	248	252	255,294	34,570,539	146,477	19,340,283	245,126	30,639,314
56	58	27,418	1,317,080	17,278	825,918	31,319	1,419,040	252	256	257,909	35,236,846	147,878	19,697,398	247,171	31,160,309
58	60	29,704	1,455,406	18,678	910,706	34,053	1,584,244	256	260	260,445	35,893,353	149,251	20,052,799	249,172	31,678,378
60	62	31,880	1,588,938	20,011	992,550	36,839	1,757,138	260	264	262,903	36,539,428	150,595	20,406,256	251,130	32,193,177
62	64	34,155	1,733,027	21,419	1,081,736	39,752	1,943,714	264	268	265,289	37,176,076	151,907	20,756,595	253,045	32,704,364
64	66	36,527	1,888,065	22,900	1,178,559	42,792	2,144,473	268	272	267,615	37,806,917	153,174	21,100,402	254,916	33,211,320
66	68	38,998	2,054,441	24,455	1,283,313	45,959	2,359,916	272	276	269,877	38,429,324	154,398	21,437,245	256,744	33,713,917
68	70	41,566	2,232,545	26,084	1,396,292	49,252	2,590,540	276	280	272,074	39,042,779	155,577	21,766,771	258,529	34,211,809
70	72	44,181	2,419,804	27,746	1,515,372	52,642	2,834,294	280	284	274,205	39,646,760	156,713	22,088,628	260,271	34,704,647
72	74	46,791	2,611,963	29,402	1,637,304	56,096	3,089,637	284	288	276,272	40,240,747	157,804	22,402,464	261,969	35,192,085
74	76	49,396	2,808,999	31,050	1,762,059	59,615	3,356,819	288	292	278,274	40,824,220	158,852	22,707,924	263,624	35,673,775
76	78	51,995	3,010,887	32,692	1,889,606	63,198	3,636,092	292	296	280,211	41,396,658	159,855	23,004,656	265,235	36,149,369
78	80	54,589	3,217,605	34,327	2,019,916	66,845	3,927,707	296	300	282,083	41,957,540	160,815	23,292,307	266,804	36,618,521
80	82	57,220	3,433,536	35,973	2,154,884	70,533	4,229,130	300	304	283,891	42,506,353	161,739	23,572,461	268,331	37,081,245
82	84	59,925	3,661,323	37,647	2,295,590	74,210	4,537,114	304	308	285,635	43,042,910	162,638	23,848,352	269,820	37,538,323
84	86	62,705	3,900,923	39,347	2,441,963	77,876	4,851,531	308	312	287,315	43,566,697	163,510	24,119,770	271,270	37,989,447
86	88	65,559	4,152,630	41,074	2,594,108	81,530	5,172,332	312	316	288,931	44,077,203	164,356	24,386,506	272,682	38,434,307
88	90	68,487	4,416,736	42,828	2,752,128	85,172	5,499,466	316	320	290,484	44,573,917	165,176	24,648,351	274,055	38,872,596
90	92	71,433	4,688,782	44,585	2,914,273	88,723	5,826,455	320	324	291,980	45,057,218	165,974	24,905,561	275,392	39,304,398
92	94	74,341	4,963,227	46,321	3,078,064	92,101	6,144,645	324	328	293,443	45,535,276	166,758	25,161,547	276,698	39,731,426
94	96	77,210	5,239,912	48,036	3,243,417	95,308	6,453,346	328	332	294,877	46,009,239	167,531	25,416,754	277,973	40,153,684
96	98	80,040	5,518,678	49,731	3,410,244	98,342	6,751,865	332	336	296,280	46,478,866	168,291	25,671,086	279,218	40,570,927
98	100	82,832	5,799,366	51,405	3,578,462	101,205	7,039,508	336	340	297,653	46,943,916	169,040	25,924,449	280,433	40,982,912
100	104	88,410	6,376,338	54,747	3,923,836	106,645	7,600,963	340	344	299,003	47,405,671	169,778	26,177,113	281,623	41,390,916
104	108	94,056	6,982,749	58,118	4,285,722	111,864	8,160,388	344	348	300,335	47,866,935	170,504	26,428,978	282,792	41,796,697
108	112	99,755	7,616,666	61,498	4,662,115	116,993	8,729,081	348	352	301,651	48,327,570	171,220	26,679,955	283,941	42,200,095
112	116	105,450	8,272,956	64,775	5,040,349	122,270	9,335,073	352	356	302,949	48,787,439	171,925	26,929,959	285,070	42,600,945
116	120	111,132	8,950,728	67,930	5,417,447	127,726	9,983,471	356	360	304,231	49,246,408	172,619	27,178,903	286,179	42,999,088
120	124	116,770	9,646,228	71,042	5,801,648	133,048	10,638,052	360	364	305,495	49,704,339	173,302	27,426,699	287,267	43,394,360
124	128	122,331	10,354,969	74,189	6,202,920	137,925	11,257,911	364	368	306,742	50,161,096	173,974	27,673,261	288,335	43,786,599
128	132	127,837	11,078,434	77,361	6,620,008	142,458	11,852,069	368	372	307,973	50,616,543	174,636	27,918,501	289,383	44,175,643
132	136	133,408	11,832,314	80,490	7,044,125	147,257	12,499,659	372	376	309,186	51,070,669	175,286	28,162,343	290,411	44,561,267
136	140	139,063	12,620,382	83,565	7,473,456	152,426	13,217,507	376	380	310,369	51,519,653	175,922	28,403,366	291,421	44,943,995
380	384	311,520	51,960,649	176,541	28,640,634	292,414	45,324,318	800	810	394,675	101,429,566	223,862	56,894,984	339,421	70,734,225
384	388	312,638	52,393,796	177,144	28,874,159	293,390	45,701,770	810	820	396,534	102,946,460	224,904	57,744,547	339,884	71,111,476
388	392	313,728	52,820,134	177,733	29,104,577	294,347	46,075,755	820	830	398,335	104,434,823	225,897	58,565,030	340,346	71,492,962

Exhibit VIII(b) - Maximum and Deductible Credits
Category 1 Table (Full Benefits - i.e. all copays >= 50%)

<u>Lower</u>	<u>Upper</u>	<u>Enrollee</u> <u>Nx</u>	<u>Enrollee</u> <u>Ax</u>	<u>Spouse</u> <u>Nx</u>	<u>Spouse</u> <u>Ax</u>	<u>Child</u> <u>Nx</u>	<u>Child</u> <u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Enrollee</u> <u>Nx</u>	<u>Enrollee</u> <u>Ax</u>	<u>Spouse</u> <u>Nx</u>	<u>Spouse</u> <u>Ax</u>	<u>Child</u> <u>Nx</u>	<u>Child</u> <u>Ax</u>
392	396	314,788	53,239,518	178,308	29,331,852	295,285	46,446,137	830	840	400,079	105,893,513	226,843	59,355,474	340,808	71,878,675
396	400	315,820	53,651,719	178,869	29,555,872	296,204	46,812,763	840	850	401,766	107,321,385	227,741	60,114,920	341,270	72,268,604
400	404	316,823	54,056,505	179,416	29,776,524	297,105	47,175,484	850	860	403,397	108,718,045	228,593	60,844,099	341,730	72,662,141
404	408	317,798	54,453,647	179,950	29,993,696	297,986	47,534,148	860	870	404,990	110,097,606	229,438	61,574,287	342,174	73,046,848
408	412	318,744	54,842,915	180,469	30,207,278	298,849	47,888,603	870	880	406,551	111,465,245	230,288	62,317,549	342,596	73,417,532
412	416	319,661	55,224,077	180,974	30,417,155	299,692	48,238,699	880	890	408,080	112,820,323	231,143	63,073,989	342,998	73,773,772
416	420	320,549	55,596,904	181,465	30,623,217	300,517	48,584,284	890	900	409,577	114,162,204	232,003	63,843,715	343,379	74,115,144
420	424	321,408	55,961,165	181,943	30,825,352	301,323	48,925,207	900	910	411,042	115,489,741	232,863	64,622,650	343,739	74,442,277
424	428	322,239	56,316,630	182,406	31,023,447	302,110	49,261,316	910	920	412,456	116,786,981	233,698	65,388,636	344,091	74,763,879
428	432	323,050	56,665,979	182,858	31,218,506	302,878	49,592,603	920	930	413,802	118,034,309	234,487	66,120,500	344,444	75,091,247
432	436	323,858	57,016,556	183,306	31,412,934	303,629	49,919,192	930	940	415,078	119,230,253	235,231	66,817,220	344,801	75,424,499
436	440	324,664	57,369,939	183,749	31,607,587	304,366	50,242,340	940	950	416,284	120,373,424	235,928	67,477,874	345,160	75,763,687
440	444	325,470	57,726,730	184,191	31,802,920	305,090	50,562,866	950	960	417,422	121,462,435	236,579	68,101,540	345,521	76,108,859
444	448	326,277	58,086,933	184,630	31,998,912	305,801	50,880,670	960	970	418,501	122,505,953	237,190	68,692,822	345,882	76,457,789
448	452	327,085	58,450,550	185,066	32,195,543	306,500	51,195,651	970	980	419,571	123,550,747	237,788	69,276,703	346,233	76,799,889
452	456	327,893	58,817,585	185,500	32,392,795	307,186	51,507,708	980	990	420,638	124,602,794	238,375	69,856,153	346,571	77,133,621
456	460	328,701	59,188,041	185,931	32,590,645	307,860	51,816,740	990	1,000	421,701	125,662,022	238,951	70,430,959	346,898	77,458,742
460	464	329,510	59,561,922	186,360	32,789,076	308,521	52,122,647	1,000	1,020	423,865	127,848,704	240,109	71,601,931	347,516	78,083,798
464	468	330,319	59,939,230	186,786	32,988,066	309,170	52,425,327	1,020	1,040	425,954	130,002,876	241,244	72,772,806	348,130	78,716,315
468	472	331,128	60,319,969	187,210	33,187,596	309,806	52,724,679	1,040	1,060	427,861	132,008,425	242,319	73,903,401	348,766	79,384,054
472	476	331,938	60,704,142	187,632	33,387,646	310,429	53,020,602	1,060	1,080	429,608	133,879,462	243,339	74,996,907	349,418	80,082,288
476	480	332,748	61,091,752	188,051	33,588,196	311,039	53,312,996	1,080	1,100	431,368	135,795,565	244,346	76,097,258	350,041	80,762,035
480	484	333,557	61,482,322	188,467	33,789,250	311,638	53,601,948	1,100	1,120	433,156	137,780,725	245,352	77,214,904	350,629	81,416,929
484	488	334,351	61,869,653	188,878	33,989,968	312,227	53,888,864	1,120	1,140	434,953	139,811,728	246,356	78,351,083	351,190	82,051,903
488	492	335,129	62,252,002	189,285	34,190,001	312,808	54,173,985	1,140	1,160	436,758	141,888,931	247,359	79,505,735	351,722	82,665,832
492	496	335,890	62,629,235	189,688	34,389,312	313,381	54,457,243	1,160	1,180	438,573	144,012,778	248,360	80,678,795	352,226	83,257,569
496	500	336,634	63,001,220	190,085	34,587,862	313,945	54,738,571	1,180	1,200	440,339	146,121,409	249,362	81,873,047	352,729	83,855,564
500	510	338,433	63,913,810	191,067	35,085,813	315,325	55,436,338	1,200	1,220	442,050	148,194,207	250,358	83,079,329	353,246	84,479,832
510	520	340,151	64,802,437	192,038	35,588,028	316,665	56,127,567	1,220	1,240	443,737	150,272,799	251,337	84,284,936	353,770	85,124,548
520	530	341,787	65,665,464	192,999	36,094,290	317,965	56,811,465	1,240	1,260	445,402	152,356,256	252,299	85,489,198	354,303	85,790,040
530	540	343,353	66,506,793	193,952	36,605,747	319,224	57,486,045	1,260	1,280	447,043	154,443,650	253,244	86,691,443	354,844	86,476,640
540	550	344,950	67,378,259	194,923	37,136,287	320,423	58,140,565	1,280	1,300	448,683	156,559,804	254,172	87,890,183	355,384	87,174,439
550	560	346,596	68,293,557	195,918	37,689,863	321,558	58,771,618	1,300	1,320	450,349	158,743,368	255,091	89,094,433	355,899	87,850,557
560	570	348,292	69,253,690	196,937	38,266,953	322,629	59,377,927	1,320	1,340	452,011	160,955,284	256,011	90,318,117	356,387	88,501,178
570	580	350,039	70,259,659	197,981	38,868,037	323,636	59,958,210	1,340	1,360	453,670	163,195,402	256,931	91,561,267	356,848	89,125,224
580	590	351,835	71,312,484	199,048	39,493,604	324,579	60,511,215	1,360	1,380	455,324	165,463,571	257,853	92,823,914	357,282	89,721,617
590	600	353,636	72,387,568	200,121	40,134,443	325,478	61,047,421	1,380	1,400	456,970	167,753,187	258,774	94,104,907	357,690	90,290,230
600	610	355,423	73,470,806	201,192	40,783,513	326,355	61,578,499	1,400	1,420	458,562	170,002,037	259,673	95,375,397	358,083	90,844,605
610	620	357,213	74,573,651	202,263	41,443,626	327,214	62,107,249	1,420	1,440	460,101	172,206,005	260,538	96,613,835	358,464	91,388,240
620	630	359,005	75,696,158	203,334	42,114,792	328,054	62,633,308	1,440	1,460	461,586	174,362,942	261,367	97,818,821	358,831	91,920,616
630	640	360,800	76,838,381	204,406	42,797,019	328,877	63,156,315	1,460	1,480	463,018	176,470,698	262,161	98,988,952	359,185	92,441,212
640	650	362,614	78,009,672	205,489	43,495,747	329,677	63,673,563	1,480	1,500	464,395	178,527,090	262,920	100,122,814	359,526	92,949,514
650	660	364,489	79,238,767	206,608	44,229,069	330,447	64,178,382	1,500	1,520	465,738	180,555,902	263,657	101,235,978	359,850	93,438,478
660	670	366,428	80,528,788	207,766	44,999,041	331,185	64,669,814	1,520	1,540	467,064	182,585,122	264,385	102,348,991	360,152	93,900,907
670	680	368,430	81,881,000	208,962	45,806,430	331,891	65,147,224	1,540	1,560	468,372	184,614,055	265,102	103,461,464	360,432	94,335,938
680	690	370,495	83,296,674	210,196	46,651,999	332,565	65,609,976	1,560	1,580	469,663	186,642,011	265,810	104,573,006	360,691	94,742,707
690	700	372,620	84,774,992	211,465	47,534,534	333,209	66,058,225	1,580	1,600	470,937	188,668,297	266,508	105,683,229	360,929	95,120,353
700	710	374,748	86,277,496	212,719	48,420,486	333,839	66,502,686	1,600	1,620	472,183	190,676,902	267,194	106,788,932	361,148	95,472,647
710	720	376,845	87,779,737	213,933	49,291,262	334,462	66,948,258	1,620	1,640	473,366	192,608,471	267,862	107,878,427	361,358	95,815,336
720	730	378,912	89,281,109	215,110	50,146,087	335,078	67,394,794	1,640	1,660	474,485	194,457,522	268,510	108,948,238	361,561	96,150,108
730	740	380,949	90,781,010	216,247	50,984,183	335,686	67,842,151	1,660	1,680	475,549	196,238,218	269,130	109,985,584	361,758	96,479,883
740	750	382,956	92,278,823	217,345	51,804,762	336,287	68,290,184	1,680	1,700	476,561	197,951,366	269,721	110,986,984	361,951	96,804,930
750	760	384,942	93,780,053	218,426	52,622,060	336,871	68,732,082	1,700	1,720	477,522	199,597,436	270,285	111,952,203	362,138	97,124,640
760	770	386,915	95,291,773	219,510	53,452,220	337,431	69,160,520	1,720	1,740	478,464	201,228,129	270,832	112,898,897	362,316	97,432,841
770	780	388,876	96,813,738	220,596	54,295,295	337,965	69,574,992	1,740	1,760	479,399	202,863,832	271,365	113,833,744	362,484	97,727,197
780	790	390,825	98,345,700	221,685	55,151,337	338,473	69,974,994	1,760	1,780	480,325	204,504,230	271,886	114,756,220	362,642	98,007,309
790	800	392,762	99,887,413	222,777	56,020,399	338,957	70,360,019	1,780	1,800	481,244	206,149,005	272,394	115,665,806	362,791	98,272,781
1,800	1,820	482,158	207,803,042	272,896	116,574,010	362,930	98,524,803	3,250	3,275	514,486	283,969,360	292,214	162,271,642	365,867	105,123,591
1,820	1,840	483,060	209,455,668	273,394	117,485,612	363,062	98,765,466	3,275	3,300	514,668	284,568,785	292,340	162,687,498	365,875	105,149,

Exhibit VIII(b) - Maximum and Deductible Credits
Category 1 Table (Full Benefits - i.e. all copays >= 50%)

<u>Lower</u>	<u>Upper</u>	<u>Enrollee Nx</u>	<u>Enrollee Ax</u>	<u>Spouse Nx</u>	<u>Spouse Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Enrollee Nx</u>	<u>Enrollee Ax</u>	<u>Spouse Nx</u>	<u>Spouse Ax</u>	<u>Child Nx</u>	<u>Child Ax</u>
1,920	1,940	487,221	217,323,979	275,728	121,896,822	363,602	99,784,364	3,400	3,425	515,540	287,493,917	292,936	164,691,425	365,914	105,280,420
1,940	1,960	487,998	218,839,624	276,179	122,775,608	363,691	99,958,568	3,425	3,450	515,710	288,074,719	293,049	165,077,659	365,922	105,307,062
1,960	1,980	488,765	220,352,388	276,634	123,671,704	363,778	100,128,752	3,450	3,475	515,877	288,653,917	293,159	165,458,775	365,930	105,333,870
1,980	2,000	489,523	221,861,896	277,093	124,585,279	363,862	100,294,797	3,475	3,500	516,043	289,231,427	293,267	165,834,659	365,938	105,360,844
2,000	2,025	490,455	223,738,644	277,668	125,743,246	363,964	100,499,485	3,500	3,525	516,208	289,807,165	293,372	166,205,196	365,946	105,387,984
2,025	2,050	491,364	225,592,827	278,236	126,900,769	364,063	100,702,276	3,525	3,550	516,370	290,381,047	293,476	166,570,273	365,953	105,415,288
2,050	2,075	492,238	227,398,567	278,777	128,017,870	364,158	100,895,852	3,550	3,575	516,531	290,952,988	293,576	166,929,774	365,961	105,442,758
2,075	2,100	493,076	229,151,061	279,289	129,088,304	364,245	101,078,986	3,575	3,600	516,690	291,522,906	293,675	167,283,586	365,969	105,470,392
2,100	2,125	493,879	230,848,508	279,773	130,110,631	364,327	101,251,374	3,600	3,625	516,847	292,087,344	293,772	167,631,985	365,977	105,497,996
2,125	2,150	494,646	232,489,503	280,228	131,084,299	364,403	101,413,053	3,625	3,650	516,999	292,640,931	293,866	167,975,096	365,984	105,525,313
2,150	2,175	495,388	234,093,762	280,666	132,030,961	364,475	101,569,026	3,650	3,675	517,147	293,183,466	293,958	168,312,812	365,992	105,552,336
2,175	2,200	496,109	235,670,440	281,091	132,959,480	364,545	101,720,926	3,675	3,700	517,292	293,714,744	294,048	168,645,028	365,999	105,579,059
2,200	2,225	496,810	237,218,484	281,503	133,869,192	364,612	101,868,621	3,700	3,725	517,432	294,234,564	294,136	168,971,637	366,006	105,605,475
2,225	2,250	497,489	238,736,838	281,901	134,759,432	364,676	102,011,975	3,725	3,750	517,568	294,742,773	294,222	169,292,547	366,013	105,631,589
2,250	2,275	498,151	240,233,905	282,289	135,636,462	364,738	102,151,801	3,750	3,775	517,699	295,239,408	294,306	169,607,983	366,020	105,657,327
2,275	2,300	498,803	241,720,998	282,671	136,508,690	364,797	102,287,809	3,775	3,800	517,826	295,720,758	294,387	169,917,126	366,027	105,681,865
2,300	2,325	499,442	243,197,538	283,047	137,375,799	364,854	102,419,881	3,800	3,825	517,948	296,186,579	294,467	170,219,865	366,033	105,705,185
2,325	2,350	500,070	244,662,948	283,416	138,237,473	364,909	102,547,900	3,825	3,850	518,065	296,636,624	294,544	170,516,090	366,038	105,727,268
2,350	2,375	500,686	246,116,647	283,780	139,093,394	364,961	102,671,747	3,850	3,875	518,177	297,070,650	294,618	170,805,689	366,044	105,748,097
2,375	2,400	501,291	247,558,058	284,136	139,943,248	365,011	102,791,307	3,875	3,900	518,284	297,488,409	294,691	171,088,552	366,049	105,767,653
2,400	2,425	501,884	248,986,600	284,487	140,786,718	365,059	102,906,461	3,900	3,925	518,386	297,889,657	294,761	171,364,569	366,053	105,785,919
2,425	2,450	502,466	250,401,697	284,831	141,623,487	365,104	103,017,092	3,925	3,950	518,483	298,274,148	294,830	171,633,628	366,058	105,802,875
2,450	2,475	503,036	251,802,767	285,168	142,453,239	365,147	103,123,083	3,950	3,975	518,576	298,641,636	294,896	171,895,619	366,062	105,818,504
2,475	2,500	503,594	253,189,234	285,500	143,275,658	365,188	103,224,318	3,975	4,000	518,663	298,991,877	294,959	172,150,430	366,065	105,832,789
2,500	2,525	504,139	254,554,679	285,824	144,089,150	365,227	103,321,604	4,000	4,100	518,985	300,296,406	295,197	173,113,927	366,077	105,880,677
2,525	2,550	504,667	255,892,039	286,140	144,890,398	365,264	103,416,647	4,100	4,200	519,271	301,484,756	295,409	173,994,601	366,085	105,915,877
2,550	2,575	505,178	257,200,494	286,449	145,679,004	365,300	103,509,382	4,200	4,300	519,522	302,550,540	295,596	174,787,689	366,091	105,937,808
2,575	2,600	505,674	258,479,224	286,749	146,454,567	365,335	103,599,748	4,300	4,400	519,764	303,592,452	295,764	175,517,577	366,095	105,956,355
2,600	2,625	506,152	259,727,407	287,041	147,216,686	365,369	103,687,680	4,400	4,500	520,010	304,680,409	295,917	176,199,095	366,100	105,978,427
2,625	2,650	506,615	260,944,224	287,325	147,964,961	365,402	103,773,116	4,500	4,600	520,254	305,791,055	296,058	176,840,022	366,106	106,004,067
2,650	2,675	507,060	262,128,854	287,601	148,698,992	365,433	103,855,991	4,600	4,700	520,491	306,888,123	296,189	177,447,629	366,112	106,032,739
2,675	2,700	507,490	263,283,796	287,869	149,420,436	365,463	103,936,984	4,700	4,800	520,719	307,969,984	296,309	178,019,877	366,119	106,064,548
2,700	2,725	507,902	264,403,411	288,129	150,126,524	365,492	104,016,470	4,800	4,900	520,930	308,996,367	296,419	178,555,168	366,125	106,097,048
2,725	2,750	508,296	265,486,236	288,381	150,816,508	365,521	104,094,372	4,900	5,000	521,103	309,860,416	296,519	179,049,131	366,131	106,123,525
2,750	2,775	508,679	266,543,793	288,625	151,491,925	365,548	104,170,201	5,000	5,100	521,245	310,580,327	296,609	179,505,566	366,135	106,144,492
2,775	2,800	509,054	267,590,474	288,862	152,155,395	365,574	104,243,355	5,100	5,200	521,362	311,187,820	296,690	179,928,795	366,138	106,160,662
2,800	2,825	509,422	268,625,912	289,094	152,806,593	365,599	104,313,774	5,200	5,300	521,455	311,677,972	296,764	180,317,173	366,140	106,171,831
2,825	2,850	509,782	269,649,738	289,318	153,445,194	365,623	104,381,396	5,300	5,400	521,526	312,058,465	296,830	180,671,126	366,141	106,178,330
2,850	2,875	510,135	270,661,588	289,537	154,070,875	365,645	104,446,162	5,400	5,500	521,598	312,450,160	296,893	181,013,880	366,143	106,185,854
2,875	2,900	510,481	271,661,092	289,748	154,683,311	365,667	104,508,011	5,500	5,600	521,677	312,884,783	296,954	181,351,642	366,145	106,195,997
2,900	2,925	510,820	272,647,886	289,954	155,282,178	365,687	104,566,883	5,600	5,700	521,763	313,363,628	297,013	181,684,004	366,147	106,208,850
2,925	2,950	511,151	273,621,600	290,152	155,867,153	365,706	104,622,718	5,700	5,800	521,855	313,887,983	297,070	182,010,562	366,150	106,224,501
2,950	2,975	511,475	274,581,870	290,345	156,437,910	365,724	104,675,454	5,800	5,900	521,953	314,459,083	297,125	182,331,010	366,153	106,243,053
2,975	3,000	511,791	275,528,326	290,531	156,994,126	365,740	104,725,033	5,900	6,000	522,047	315,016,177	297,174	182,625,199	366,156	106,262,043
3,000	3,025	512,098	276,453,970	290,710	157,537,177	365,756	104,772,117	6,000	7,000	522,465	317,681,700	297,404	184,101,635	366,168	106,339,359
3,025	3,050	512,392	277,349,119	290,885	158,068,031	365,770	104,817,087	7,000	8,000	522,646	319,030,435	297,529	185,024,987	366,171	106,359,720
3,050	3,075	512,673	278,213,145	291,054	158,586,412	365,784	104,859,902	8,000	9,000	522,777	320,135,723	297,618	185,774,243	366,174	106,386,057
3,075	3,100	512,942	279,045,419	291,217	159,092,046	365,797	104,900,521	9,000	10,000	522,859	320,898,262	297,673	186,279,864	366,178	106,419,247
3,100	3,125	513,198	279,845,313	291,375	159,584,656	365,809	104,938,902	10,000	50,000	523,277	324,777,927	297,961	189,413,417	366,203	106,648,643
3,125	3,150	513,442	280,612,198	291,527	160,063,968	365,821	104,975,004								
3,150	3,175	513,673	281,345,444	291,674	160,529,707	365,831	105,008,787								
3,175	3,200	513,891	282,044,423	291,815	160,981,598	365,841	105,040,208								
3,200	3,225	514,098	282,708,762	291,951	161,419,516	365,850	105,069,122								
3,225	3,250	514,296	283,349,223	292,084	161,848,930	365,859	105,096,721								

Exhibit VIII(c) - Maximum and Deductible Credits
Category 1 Table (Partial Benefits/Plan 1 - i.e. D&P copay >= 50%)

		Enrollee				Spouse				Child	
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>
-	10	559	4,946	-	10	377	3,317	-	10	190	1,617
10	20	3,566	54,941	10	20	2,411	37,092	10	20	1,400	22,046
20	30	6,848	140,989	20	30	4,566	93,666	20	30	3,598	80,943
30	40	10,983	293,312	30	40	7,096	186,639	30	40	7,325	218,905
40	50	21,456	786,684	40	50	13,554	490,675	40	50	14,931	573,650
50	60	37,502	1,687,667	50	60	23,331	1,038,837	50	60	25,110	1,147,744
60	70	48,873	2,439,122	60	70	30,189	1,492,081	60	70	35,706	1,850,395
70	80	61,682	3,415,921	70	80	38,139	2,098,183	70	80	48,461	2,819,507
80	90	75,709	4,622,927	80	90	46,708	2,835,061	80	90	62,428	4,016,349
90	100	91,001	6,093,385	90	100	55,750	3,704,488	90	100	75,055	5,228,364
100	110	105,846	7,669,014	100	110	64,554	4,638,402	100	110	85,495	6,334,452
110	120	120,771	9,400,238	110	120	73,146	5,634,797	110	120	96,238	7,580,232
120	130	135,240	11,225,114	120	130	81,167	6,645,889	120	130	105,889	8,796,042
130	140	149,471	13,160,539	130	140	89,110	7,726,313	130	140	115,053	10,043,052
140	150	163,680	15,235,752	140	150	96,696	8,834,033	140	150	123,886	11,332,458
150	160	177,440	17,381,691	150	160	104,024	9,976,793	150	160	131,736	12,555,873
160	170	190,251	19,507,102	160	170	110,704	11,084,600	160	170	139,806	13,894,348
170	180	202,192	21,605,786	170	180	117,086	12,206,114	170	180	146,737	15,111,587
180	190	211,753	23,381,623	180	190	122,040	13,125,979	180	190	152,527	16,186,729
190	200	220,281	25,050,845	190	200	126,571	14,012,767	190	200	157,873	17,233,127
200	220	234,002	27,937,760	200	220	133,588	15,488,963	200	220	165,717	18,884,119
220	240	243,684	30,167,683	220	240	138,530	16,626,745	220	240	171,481	20,212,803
240	260	250,993	31,996,734	240	260	142,073	17,513,537	240	260	176,181	21,390,252
260	280	255,842	33,307,378	260	280	144,563	18,186,573	260	280	179,784	22,365,419
280	300	259,412	34,343,096	280	300	146,260	18,679,577	280	300	182,709	23,215,468
300	320	261,768	35,074,358	300	320	147,482	19,058,754	300	320	184,975	23,918,585
320	340	263,458	35,632,724	320	340	148,387	19,357,540	320	340	186,776	24,514,040
340	360	264,721	36,075,365	340	360	148,974	19,563,168	340	360	188,188	25,009,128
360	380	265,639	36,415,438	360	380	149,439	19,735,221	360	380	189,336	25,434,586
380	400	266,307	36,676,233	380	400	149,790	19,872,077	380	400	190,314	25,816,486
400	420	266,825	36,888,872	400	420	150,037	19,973,309	400	420	191,052	26,119,253
420	440	267,266	37,078,725	420	440	150,229	20,055,905	420	440	191,656	26,379,062
440	460	267,548	37,205,645	440	460	150,382	20,124,899	440	460	192,121	26,588,310
460	480	267,763	37,306,883	460	480	150,479	20,170,487	460	480	192,491	26,762,566
480	500	267,937	37,392,177	480	500	150,583	20,221,497	480	500	192,814	26,920,992
500	550	268,221	37,540,999	500	550	150,740	20,304,080	500	550	193,415	27,235,889
550	600	268,385	37,635,094	550	600	150,827	20,354,058	550	600	193,753	27,429,655
600	650	268,482	37,695,359	600	650	150,867	20,379,064	600	650	193,978	27,569,989
650	700	268,535	37,731,089	650	700	150,893	20,396,524	650	700	194,102	27,653,627
700	750	268,566	37,753,531	700	750	150,906	20,405,923	700	750	194,196	27,721,599
750	800	268,585	37,768,352	750	800	150,915	20,412,834	750	800	194,255	27,767,171
800	850	268,601	37,781,508	800	850	150,922	20,418,594	800	850	194,290	27,796,104
850	900	268,618	37,796,370	850	900	150,924	20,420,301	850	900	194,313	27,816,398
900	950	268,626	37,803,777	900	950	150,926	20,422,149	900	950	194,334	27,835,944
950	1,000	268,633	37,810,609	950	1,000	150,927	20,423,138	950	1,000	194,360	27,861,394
1,000	1,050	268,636	37,813,681	1,000	1,100	150,929	20,425,276	1,000	1,050	194,375	27,876,703
1,050	1,100	268,637	37,814,771	1,100	1,150	150,932	20,428,599	1,050	1,100	194,384	27,886,379
1,100	1,150	268,639	37,817,011	1,150	1,200	150,933	20,429,765	1,100	1,150	194,391	27,894,313
1,150	1,250	268,641	37,819,463	1,200	1,600	150,934	20,431,326	1,150	1,200	194,398	27,902,456
1,250	1,300	268,642	37,820,746	1,600	1,700	150,935	20,432,997	1,200	1,250	194,400	27,904,941
1,300	1,350	268,643	37,822,086	1,700	2,200	150,936	20,435,117	1,250	1,300	194,402	27,907,529
1,350	1,800	268,644	37,823,886	2,200	20,000	150,937	20,445,254	1,300	1,350	194,407	27,914,147
1,800	6,000	268,645	37,829,664					1,350	1,400	194,408	27,915,531
6,000	8,000	268,646	37,836,957					1,400	1,450	194,409	27,916,962
								1,450	1,600	194,411	27,920,015
								1,600	1,700	194,413	27,923,228
								1,700	1,900	194,414	27,925,083
								1,900	2,300	194,415	27,927,325
								2,300	2,500	194,416	27,929,737
								2,500	8,000	194,417	27,936,875

Exhibit VIII(d) - Maximum and Deductible Credits
Category 1 Table (Partial Benefits/Plan 2 - i.e. D&P, Simple Restor. copays >= 50%)

		Enrollee				Spouse				Child	
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>
-	10	397	3,493	-	10	263	2,295	-	10	130	1,129
10	20	2,472	38,067	10	20	1,648	25,327	10	20	1,009	16,001
20	30	4,857	100,811	20	30	3,178	65,493	20	30	2,762	63,050
30	40	7,911	213,441	30	40	5,030	133,545	30	40	5,945	181,067
40	50	16,159	602,191	40	50	10,168	375,584	40	50	12,396	482,094
50	60	28,620	1,301,842	50	60	17,932	811,054	50	60	20,818	957,275
60	70	37,300	1,875,641	60	70	23,341	1,168,479	60	70	29,486	1,532,229
70	80	46,866	2,605,215	70	80	29,482	1,636,705	70	80	39,578	2,298,967
80	90	57,285	3,502,207	80	90	35,963	2,194,554	80	90	50,393	3,225,524
90	100	68,648	4,594,957	90	100	42,668	2,839,350	90	100	59,950	4,142,945
100	110	79,463	5,742,947	100	110	49,212	3,533,932	100	110	67,696	4,963,898
110	120	90,482	7,021,792	110	120	55,594	4,274,202	110	120	75,891	5,914,404
120	130	101,107	8,362,005	120	130	61,675	5,040,964	120	130	83,359	6,855,180
130	140	111,797	9,816,166	130	140	67,675	5,857,216	130	140	90,734	7,859,017
140	150	122,743	11,415,354	140	150	73,662	6,731,550	140	150	97,870	8,900,898
150	160	133,354	13,070,460	150	160	79,518	7,644,741	150	160	104,483	9,931,733
160	170	143,560	14,763,655	160	170	85,094	8,569,958	160	170	111,355	11,071,675
170	180	153,272	16,470,869	170	180	90,518	9,523,482	170	180	117,487	12,149,169
180	190	161,474	17,994,860	180	190	95,037	10,362,842	180	190	122,815	13,138,762
190	200	169,171	19,502,444	190	200	99,303	11,198,286	190	200	127,982	14,150,663
200	220	182,777	22,367,632	200	220	106,559	12,726,785	200	220	136,162	15,873,890
220	240	194,115	24,983,349	220	240	112,612	14,123,090	220	240	143,008	17,454,656
240	260	204,037	27,470,068	240	260	117,922	15,453,714	240	260	149,222	19,012,405
260	280	212,442	29,744,495	260	280	122,342	16,650,031	260	280	154,560	20,457,212
280	300	219,537	31,805,914	280	300	126,125	17,749,536	280	300	159,355	21,851,453
300	320	225,644	33,704,207	300	320	129,404	18,767,996	300	320	163,440	23,120,358
320	340	230,966	35,464,036	320	340	132,144	19,674,005	320	340	167,025	24,306,263
340	360	235,554	37,073,523	340	360	134,552	20,518,412	340	360	170,174	25,410,571
360	380	239,441	38,513,993	360	380	136,682	21,308,023	360	380	173,090	26,492,035
380	400	242,848	39,845,521	380	400	138,611	22,061,467	380	400	175,657	27,495,080
400	420	245,842	41,075,460	400	420	140,264	22,740,160	400	420	177,839	28,390,862
420	440	248,471	42,207,630	420	440	141,681	23,350,307	420	440	179,793	29,232,195
440	460	250,810	43,261,489	440	460	142,960	23,927,003	440	460	181,550	30,023,853
460	480	252,916	44,252,804	460	480	144,054	24,441,771	460	480	183,092	30,749,572
480	500	254,766	45,160,691	480	500	145,027	24,919,233	480	500	184,414	31,398,759
500	550	258,632	47,188,735	500	550	147,010	25,961,034	500	550	187,233	32,877,919
550	600	261,500	48,836,305	550	600	148,545	26,844,281	550	600	189,292	34,060,485
600	650	263,754	50,243,389	600	650	149,747	27,595,536	600	650	190,982	35,115,675
650	700	265,502	51,421,946	650	700	150,644	28,201,108	650	700	192,200	35,937,208
700	750	266,798	52,361,544	700	750	151,325	28,694,877	700	750	193,168	36,638,407
750	800	267,795	53,134,330	750	800	151,924	29,158,868	750	800	193,927	37,226,751
800	850	268,654	53,843,162	800	850	152,382	29,536,424	800	850	194,534	37,727,731
850	900	269,387	54,484,412	850	900	152,745	29,854,135	850	900	195,018	38,151,259
900	950	269,956	55,011,076	900	950	153,033	30,120,587	900	950	195,376	38,483,034
950	1,000	270,455	55,497,656	950	1,000	153,309	30,389,882	950	1,000	195,652	38,751,865
1,000	1,050	270,814	55,865,726	1,000	1,050	153,456	30,540,637	1,000	1,050	195,910	39,016,651
1,050	1,100	271,142	56,218,495	1,050	1,100	153,611	30,707,348	1,050	1,100	196,125	39,247,613
1,100	1,150	271,409	56,518,565	1,100	1,150	153,764	30,879,283	1,100	1,150	196,294	39,437,626
1,150	1,200	271,625	56,772,133	1,150	1,200	153,870	31,003,628	1,150	1,200	196,430	39,597,544
1,200	1,250	271,810	56,998,666	1,200	1,250	153,966	31,121,135	1,200	1,250	196,549	39,743,043
1,250	1,300	271,977	57,211,497	1,250	1,300	154,043	31,219,331	1,250	1,300	196,636	39,853,923
1,300	1,350	272,111	57,389,047	1,300	1,350	154,091	31,283,006	1,300	1,350	196,716	39,959,914
1,350	1,400	272,211	57,526,601	1,350	1,400	154,135	31,343,510	1,350	1,400	196,779	40,046,888
1,400	1,450	272,299	57,652,052	1,400	1,450	154,187	31,417,572	1,400	1,450	196,849	40,146,316
1,450	1,500	272,379	57,770,098	1,450	1,500	154,231	31,482,567	1,450	1,500	196,902	40,224,551
1,500	1,600	272,488	57,938,432	1,500	1,600	154,291	31,575,626	1,500	1,600	196,971	40,331,312
1,600	1,700	272,581	58,091,687	1,600	1,700	154,337	31,651,339	1,600	1,700	197,008	40,392,304
1,700	1,800	272,631	58,179,071	1,700	1,800	154,373	31,714,341	1,700	1,800	197,042	40,451,849
1,800	1,900	272,665	58,242,095	1,800	1,900	154,394	31,753,022	1,800	1,900	197,069	40,501,745
1,900	2,000	272,689	58,288,730	1,900	2,000	154,408	31,780,518	1,900	2,000	197,080	40,523,138
2,000	2,100	272,711	58,333,891	2,000	2,100	154,422	31,809,111	2,000	2,100	197,090	40,543,393
2,100	2,200	272,724	58,361,877	2,100	2,200	154,431	31,828,483	2,100	2,200	197,096	40,556,279
2,200	2,300	272,743	58,404,471	2,200	2,300	154,440	31,848,665	2,200	2,300	197,099	40,563,072
2,300	2,400	272,751	58,423,382	2,300	2,400	154,443	31,855,712	2,300	2,400	197,105	40,577,135
2,400	2,500	272,761	58,447,834	2,400	2,500	154,447	31,865,527	2,400	2,500	197,110	40,589,348
2,500	2,600	272,766	58,460,425	2,500	2,600	154,451	31,875,762	2,500	2,600	197,112	40,594,388
2,600	2,700	272,770	58,471,075	2,600	2,700	154,455	31,886,385	2,600	2,700	197,113	40,597,007
2,700	2,800	272,777	58,490,248	2,700	3,500	154,458	31,896,270	2,700	2,800	197,117	40,608,068
2,800	3,000	272,782	58,505,024	3,500	4,000	154,459	31,899,913	2,800	2,900	197,119	40,613,784
3,000	3,500	272,788	58,523,913	4,000	20,000	154,460	31,910,050	2,900	3,000	197,120	40,616,782
3,500	4,500	272,789	58,528,093					3,000	3,500	197,122	40,622,986
4,500	5,000	272,790	58,533,017					3,500	4,000	197,123	40,626,657
5,000	7,000	272,792	58,545,864					4,000	8,000	197,124	40,633,795
7,000	8,000	272,793	58,553,157								

Exhibit VIII(e) - Maximum and Deductible Credits
Category 1 Table (Partial Benefits/Plan 3 - i.e. D&P, Simple Restor., Simple Extract. copays >= 50%)

		Enrollee				Spouse				Child	
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>
-	10	331	2,899	-	10	212	1,846	-	10	97	826
10	20	2,052	31,769	10	20	1,367	21,159	10	20	761	12,117
20	30	4,168	87,543	20	30	2,710	56,481	20	30	2,342	54,661
30	40	7,023	192,902	30	40	4,431	119,744	30	40	5,354	166,412
40	50	15,002	569,209	40	50	9,433	355,473	40	50	11,560	456,014
50	60	27,219	1,255,184	50	60	17,042	782,283	50	60	19,723	916,541
60	70	35,679	1,814,440	60	70	22,321	1,131,174	60	70	28,066	1,470,001
70	80	45,072	2,530,907	70	80	28,382	1,593,287	70	80	37,836	2,212,256
80	90	55,328	3,413,999	80	90	34,780	2,144,098	80	90	48,244	3,104,089
90	100	66,538	4,491,914	90	100	41,426	2,783,242	90	100	57,486	3,991,346
100	110	77,154	5,618,769	100	110	47,894	3,469,769	100	110	64,908	4,777,959
110	120	87,968	6,873,829	110	120	54,171	4,197,933	110	120	72,810	5,694,478
120	130	98,441	8,194,920	120	130	60,183	4,956,052	120	130	80,049	6,606,477
130	140	109,006	9,632,072	130	140	66,107	5,761,981	130	140	87,151	7,573,192
140	150	119,856	11,217,422	140	150	72,068	6,632,588	140	150	94,031	8,577,809
150	160	130,392	12,860,962	150	160	77,888	7,540,166	150	160	100,476	9,582,480
160	170	140,559	14,547,786	160	170	83,399	8,454,594	160	170	107,167	10,692,442
170	180	150,263	16,253,603	170	180	88,794	9,403,018	170	180	113,119	11,738,382
180	190	158,425	17,770,206	180	190	93,315	10,242,700	180	190	118,324	12,705,237
190	200	166,149	19,283,124	190	200	97,570	11,075,958	190	200	123,348	13,689,333
200	220	179,770	22,151,628	200	220	104,871	12,613,674	200	220	131,505	15,407,962
220	240	191,180	24,784,118	220	240	111,021	14,032,541	220	240	138,439	17,009,283
240	260	201,229	27,302,689	240	260	116,387	15,377,340	240	260	144,763	18,594,725
260	280	209,772	29,614,552	260	280	120,921	16,604,413	260	280	150,274	20,086,115
280	300	217,038	31,725,816	280	300	124,824	17,738,847	280	300	155,232	21,527,691
300	320	223,360	33,690,984	300	320	128,196	18,786,030	300	320	159,516	22,858,253
320	340	228,915	35,527,830	320	340	131,070	19,736,342	320	340	163,259	24,096,488
340	360	233,671	37,196,266	340	360	133,606	20,625,741	340	360	166,607	25,270,368
360	380	237,744	38,705,654	360	380	135,839	21,453,696	360	380	169,761	26,440,063
380	400	241,294	40,093,111	380	400	137,868	22,246,256	380	400	172,516	27,516,672
400	420	244,413	41,374,363	400	420	139,595	22,955,374	400	420	174,893	28,492,862
420	440	247,237	42,590,484	420	440	141,091	23,599,465	420	440	177,049	29,421,460
440	460	249,697	43,698,807	440	460	142,420	24,198,678	440	460	179,043	30,319,870
460	480	251,932	44,750,904	460	480	143,601	24,754,366	460	480	180,770	31,132,922
480	500	253,899	45,716,269	480	500	144,625	25,256,878	480	500	182,267	31,867,634
500	550	258,009	47,872,198	500	550	146,716	26,355,290	500	550	185,544	33,587,715
550	600	261,076	49,634,087	550	600	148,386	27,315,719	550	600	188,013	35,006,680
600	650	263,521	51,160,890	600	650	149,672	28,119,249	600	650	190,040	36,272,334
650	700	265,402	52,429,408	650	700	150,672	28,794,412	650	700	191,591	37,318,206
700	750	266,846	53,476,252	700	750	151,429	29,343,236	700	750	192,800	38,194,239
750	800	267,956	54,336,932	750	800	152,081	29,848,314	750	800	193,751	38,930,933
800	850	268,884	55,102,145	800	850	152,581	30,260,505	800	850	194,507	39,554,246
850	900	269,688	55,805,679	850	900	152,984	30,613,389	850	900	195,108	40,080,465
900	950	270,332	56,401,761	900	950	153,297	30,902,982	900	950	195,577	40,514,551
950	1,000	270,858	56,914,897	950	1,000	153,591	31,189,728	950	1,000	195,919	40,847,765
1,000	1,050	271,236	57,302,525	1,000	1,050	153,768	31,371,226	1,000	1,050	196,229	41,165,851
1,050	1,100	271,588	57,681,149	1,050	1,100	153,949	31,565,959	1,050	1,100	196,504	41,461,405
1,100	1,150	271,885	58,014,904	1,100	1,150	154,125	31,763,783	1,100	1,150	196,708	41,690,937
1,150	1,200	272,134	58,307,158	1,150	1,200	154,240	31,898,852	1,150	1,200	196,876	41,888,454
1,200	1,250	272,349	58,570,517	1,200	1,250	154,352	32,035,967	1,200	1,250	197,034	42,081,754
1,250	1,300	272,541	58,815,244	1,250	1,300	154,443	32,152,022	1,250	1,300	197,152	42,232,147
1,300	1,350	272,692	59,015,262	1,300	1,350	154,500	32,227,569	1,300	1,350	197,250	42,361,974
1,350	1,400	272,810	59,177,514	1,350	1,400	154,550	32,296,427	1,350	1,400	197,325	42,465,345
1,400	1,450	272,903	59,309,991	1,400	1,450	154,603	32,371,939	1,400	1,450	197,408	42,583,366
1,450	1,500	272,986	59,432,437	1,450	1,500	154,655	32,448,680	1,450	1,500	197,470	42,674,939
1,500	1,600	273,117	59,634,936	1,500	1,600	154,721	32,550,961	1,500	1,600	197,557	42,809,609
1,600	1,700	273,221	59,806,469	1,600	1,700	154,773	32,636,708	1,600	1,700	197,609	42,895,322
1,700	1,800	273,280	59,909,393	1,700	1,800	154,820	32,718,900	1,700	1,800	197,651	42,968,957
1,800	1,900	273,323	59,988,851	1,800	1,900	154,844	32,763,158	1,800	1,900	197,682	43,026,270
1,900	2,000	273,350	60,041,305	1,900	2,000	154,860	32,794,503	1,900	2,000	197,695	43,051,738
2,000	2,100	273,375	60,092,504	2,000	2,100	154,875	32,825,166	2,000	2,100	197,709	43,080,037
2,100	2,200	273,390	60,124,871	2,100	2,200	154,886	32,848,780	2,100	2,200	197,717	43,097,125
2,200	2,300	273,412	60,174,254	2,200	2,300	154,895	32,868,893	2,200	2,300	197,720	43,103,852
2,300	2,400	273,422	60,197,761	2,300	2,400	154,899	32,878,297	2,300	2,400	197,726	43,117,915
2,400	2,500	273,435	60,229,714	2,400	2,500	154,903	32,888,112	2,400	2,500	197,732	43,132,555
2,500	2,600	273,439	60,239,893	2,500	2,600	154,908	32,900,867	2,500	2,600	197,734	43,137,595
2,600	2,700	273,444	60,253,183	2,600	2,700	154,911	32,908,809	2,600	2,700	197,735	43,140,214
2,700	2,800	273,452	60,275,127	2,700	2,800	154,912	32,911,645	2,700	2,800	197,739	43,151,275
2,800	2,900	273,454	60,280,782	2,900	3,500	154,914	32,918,184	2,800	2,900	197,741	43,156,991
2,900	3,000	273,459	60,295,558	3,500	4,000	154,916	32,925,354	2,900	3,000	197,742	43,159,989
3,000	3,500	273,465	60,314,447	4,000	4,500	154,917	32,929,604	3,000	3,500	197,743	43,162,994
3,500	4,500	273,466	60,318,627	4,500	20,000	154,918	32,939,741	3,500	4,000	197,745	43,170,267
4,500	5,000	273,467	60,323,551					4,000	8,000	197,746	43,177,405
5,000	7,000	273,469	60,336,453								
7,000	8,000	273,470	60,343,746								

Exhibit VIII(f) - Maximum and Deductible Credits
Category 1 Table (Partial Benefits/Plan 4 - i.e. D&P, Basic copays >= 50%)

		Enrollee				Spouse				Child	
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>
-	10	149	1,298	-	10	94	809	-	10	80	677
10	20	952	14,828	10	20	655	10,161	10	20	600	9,636
20	30	2,126	45,606	20	30	1,422	30,288	20	30	2,047	48,655
30	40	3,796	107,872	30	40	2,492	69,903	30	40	4,848	152,743
40	50	10,254	413,506	40	50	6,569	262,432	40	50	10,813	431,007
50	60	20,665	998,040	50	60	13,095	628,389	50	60	18,660	873,643
60	70	27,688	1,462,176	60	70	17,562	923,645	60	70	26,727	1,408,851
70	80	35,684	2,072,037	70	80	22,819	1,324,369	70	80	36,099	2,120,766
80	90	44,498	2,831,082	80	90	28,276	1,793,985	80	90	46,161	2,982,842
90	100	53,836	3,728,892	90	100	33,946	2,339,344	90	100	55,028	3,833,947
100	110	62,875	4,688,465	100	110	39,510	2,929,863	100	110	62,086	4,581,862
110	120	72,136	5,763,033	110	120	44,845	3,549,003	110	120	69,622	5,455,965
120	130	81,150	6,900,513	120	130	50,035	4,203,380	120	130	76,449	6,315,965
130	140	90,298	8,144,865	130	140	55,239	4,911,586	130	140	83,213	7,236,629
140	150	99,867	9,543,410	140	150	60,588	5,692,896	140	150	89,688	8,182,191
150	160	109,225	11,003,362	150	160	65,827	6,510,058	150	160	95,772	9,130,656
160	170	118,228	12,497,427	160	170	70,726	7,323,180	160	170	102,092	10,179,042
170	180	126,806	14,005,512	170	180	75,523	8,166,495	170	180	107,676	11,160,255
180	190	134,016	15,345,405	180	190	79,597	8,923,122	180	190	112,548	12,065,337
190	200	140,927	16,699,356	190	200	83,373	9,662,556	190	200	117,192	12,975,117
200	220	153,186	19,281,379	200	220	89,909	11,039,066	200	220	124,678	14,552,341
220	240	163,723	21,712,337	220	240	95,575	12,345,989	220	240	131,111	16,037,944
240	260	173,005	24,039,319	240	260	100,618	13,610,598	240	260	136,888	17,486,042
260	280	180,904	26,177,228	260	280	104,836	14,752,714	260	280	141,911	18,845,471
280	300	187,898	28,210,770	280	300	108,630	15,855,765	280	300	146,539	20,191,064
300	320	193,988	30,104,188	300	320	111,882	16,865,938	300	320	150,506	21,423,073
320	340	199,276	31,853,206	320	340	114,684	17,792,766	320	340	154,053	22,596,709
340	360	203,996	33,509,446	340	360	117,239	18,689,076	340	360	157,137	23,678,409
360	380	208,244	35,084,895	360	380	119,583	19,558,221	360	380	160,124	24,785,944
380	400	212,063	36,578,314	380	400	121,685	20,379,450	380	400	162,726	25,802,868
400	420	215,444	37,967,243	400	420	123,581	21,158,235	400	420	165,055	26,759,447
420	440	218,576	39,316,713	420	440	125,318	21,906,651	420	440	167,196	27,681,475
440	460	221,469	40,620,937	440	460	126,957	22,645,811	440	460	169,149	28,561,082
460	480	224,182	41,898,139	460	480	128,366	23,308,975	460	480	170,892	29,382,044
480	500	226,677	43,123,108	480	500	129,713	23,970,591	480	500	172,446	30,144,864
500	550	232,233	46,042,216	500	550	132,826	25,606,892	500	550	175,856	31,935,232
550	600	237,069	48,826,517	550	600	135,527	27,161,319	550	600	178,649	33,540,853
600	650	241,429	51,553,584	600	650	137,893	28,639,757	600	650	180,917	34,958,627
650	700	245,368	54,214,216	650	700	140,116	30,142,021	650	700	182,824	36,246,591
700	750	248,958	56,819,200	700	750	142,102	31,582,303	700	750	184,435	37,413,978
750	800	252,203	59,335,925	750	800	143,915	32,988,972	750	800	185,800	38,472,820
800	850	255,133	61,754,633	800	850	145,637	34,410,543	800	850	187,056	39,509,875
850	900	257,890	64,168,430	850	900	147,175	35,757,784	850	900	188,089	40,415,232
900	950	260,247	66,350,234	900	950	148,588	37,065,241	900	950	189,073	41,326,368
950	1,000	262,407	68,455,744	950	1,000	149,808	38,254,725	950	1,000	189,972	42,203,491
1,000	1,050	264,315	70,411,768	1,000	1,050	150,762	39,232,746	1,000	1,050	190,819	43,072,474
1,050	1,100	265,928	72,145,772	1,050	1,100	151,644	40,181,823	1,050	1,100	191,549	43,856,734
1,100	1,150	267,369	73,768,015	1,100	1,150	152,479	41,121,632	1,100	1,150	192,288	44,688,613
1,150	1,200	268,635	75,256,816	1,150	1,200	153,173	41,937,698	1,150	1,200	193,006	45,532,523
1,200	1,250	269,855	76,752,379	1,200	1,250	153,823	42,734,338	1,200	1,250	193,722	46,410,428
1,250	1,300	270,879	78,058,413	1,250	1,300	154,384	43,449,883	1,250	1,300	194,375	47,243,653
1,300	1,350	271,753	79,216,557	1,300	1,350	154,876	44,101,760	1,300	1,350	194,954	48,011,440
1,350	1,400	272,543	80,303,861	1,350	1,400	155,295	44,678,024	1,350	1,400	195,501	48,763,487
1,400	1,450	273,245	81,304,388	1,400	1,450	155,634	45,161,419	1,400	1,450	195,971	49,433,887
1,450	1,500	273,822	82,155,230	1,450	1,500	155,992	45,690,077	1,450	1,500	196,350	49,993,119
1,500	1,600	274,879	83,791,923	1,500	1,600	156,554	46,561,273	1,500	1,600	196,994	50,990,934
1,600	1,700	275,762	85,248,051	1,600	1,700	156,995	47,287,868	1,600	1,700	197,413	51,681,782
1,700	1,800	276,443	86,438,788	1,700	1,800	157,393	47,983,772	1,700	1,800	197,710	52,200,628
1,800	1,900	277,004	87,476,205	1,800	1,900	157,693	48,539,245	1,800	1,900	197,936	52,617,707
1,900	2,000	277,447	88,340,188	1,900	2,000	157,941	49,022,580	1,900	2,000	198,075	52,887,663
2,000	2,100	277,764	88,990,476	2,000	2,100	158,160	49,472,059	2,000	2,100	198,189	53,120,651
2,100	2,200	278,074	89,657,359	2,100	2,200	158,331	49,839,471	2,100	2,200	198,270	53,294,777
2,200	2,300	278,319	90,208,756	2,200	2,300	158,447	50,101,065	2,200	2,300	198,316	53,398,430
2,300	2,400	278,513	90,664,587	2,300	2,400	158,557	50,359,626	2,300	2,400	198,364	53,511,455
2,400	2,500	278,675	91,061,532	2,400	2,500	158,631	50,541,295	2,400	2,500	198,391	53,577,540
2,500	2,600	278,828	91,451,571	2,500	2,600	158,711	50,745,053	2,500	2,600	198,421	53,653,752
2,600	2,700	278,959	91,799,039	2,600	2,700	158,784	50,938,667	2,600	2,700	198,437	53,696,110
2,700	2,800	279,054	92,060,116	2,700	2,800	158,845	51,106,564	2,700	2,800	198,454	53,742,903
2,800	2,900	279,137	92,296,760	2,800	2,900	158,896	51,251,458	2,800	2,900	198,468	53,783,042
2,900	3,000	279,221	92,544,636	2,900	3,000	158,937	51,372,682	2,900	3,000	198,480	53,818,387
3,000	3,500	279,452	93,291,321	3,000	3,500	159,091	51,867,784	3,000	3,500	198,500	53,882,021
3,500	4,000	279,572	93,735,920	3,500	4,000	159,178	52,193,709	3,500	4,000	198,506	53,904,247
4,000	4,500	279,635	94,002,852	4,000	4,500	159,216	52,354,648	4,000	4,500	198,511	53,925,063
4,500	5,000	279,663	94,135,649	4,500	5,000	159,235	52,445,597	4,500	5,000	198,513	53,935,652
5,000	5,500	279,675	94,198,963	5,000	5,500	159,243	52,487,298	5,000	7,000	198,514	53,941,910
5,500	6,000	279,682	94,238,810	5,500	6,000	159,244	52,493,078	7,000	8,000	198,515	53,949,048
6,000	7,000	279,692	94,303,195	6,000	7,000	159,248	52,518,021				
7,000	8,000	279,698	94,347,941	7,000	8,000	159,249	52,525,271				
8,000	10,000	279,699	94,358,034	8,000	9,000	159,250	52,534,005				
				9,000	20,000	159,251	52,544,881				

Exhibit VIII(g) - Maximum and Deductible Credits
Category 1 Table (Partial Benefits/Plan 5 - i.e. D&P, Prosth. copays >= 50%)

		Enrollee		Enrollee		Spouse		Spouse		Child		Child	
<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>	<u>Nx</u>	<u>Ax</u>	<u>Lower</u>	<u>Upper</u>
-	10	127	1,021	-	10	73	572	-	10	51	400	-	10
10	20	381	5,266	10	20	222	3,120	10	20	208	3,128	10	20
20	30	848	18,047	20	30	459	9,561	20	30	532	11,980	20	30
30	40	1,808	53,933	30	40	1,011	30,138	30	40	1,296	40,436	30	40
40	50	4,033	159,797	40	50	2,342	93,135	40	50	3,218	131,843	40	50
50	60	7,488	357,331	50	60	4,332	207,034	50	60	6,528	320,655	50	60
60	70	12,413	686,389	60	70	7,249	401,655	60	70	10,698	598,484	60	70
70	80	19,048	1,193,992	70	80	11,157	700,519	70	80	15,011	927,545	70	80
80	90	25,039	1,713,241	80	90	14,582	997,351	80	90	18,462	1,226,643	80	90
90	100	29,641	2,157,067	90	100	17,308	1,260,298	90	100	21,369	1,507,924	90	100
100	110	32,398	2,451,952	100	110	18,910	1,431,724	100	110	23,564	1,743,093	100	110
110	120	34,913	2,746,919	110	120	20,284	1,592,884	110	120	25,729	1,997,212	110	120
120	130	37,610	3,088,902	120	130	21,785	1,783,102	120	130	27,907	2,273,883	120	130
130	140	40,110	3,431,615	130	140	23,142	1,969,191	130	140	30,172	2,584,799	130	140
140	150	42,974	3,854,604	140	150	24,765	2,208,730	140	150	32,521	2,931,092	140	150
150	160	45,576	4,263,587	150	160	26,224	2,437,776	150	160	34,560	3,251,670	150	160
160	170	48,021	4,672,508	160	170	27,576	2,663,756	160	170	36,386	3,556,643	160	170
170	180	50,410	5,095,647	170	180	28,948	2,906,771	170	180	38,377	3,909,126	170	180
180	190	52,359	5,460,425	180	190	30,095	3,121,244	180	190	39,775	4,170,646	180	190
190	200	54,306	5,843,836	190	200	31,206	3,340,128	190	200	41,351	4,480,934	190	200
200	220	57,319	6,482,662	200	220	32,864	3,691,397	200	220	43,790	4,997,780	200	220
220	240	60,524	7,225,498	220	240	34,589	4,091,311	220	240	46,202	5,557,657	220	240
240	260	63,384	7,945,939	240	260	36,117	4,476,532	240	260	48,294	6,084,851	240	260
260	280	65,833	8,611,669	260	280	37,490	4,849,580	260	280	50,216	6,607,592	260	280
280	300	68,321	9,339,895	280	300	38,803	5,233,492	280	300	52,083	7,153,744	280	300
300	320	70,158	9,913,344	300	320	39,814	5,549,186	300	320	53,592	7,624,984	300	320
320	340	71,948	10,507,718	320	340	40,816	5,881,530	320	340	55,009	8,094,815	320	340
340	360	73,869	11,184,467	340	360	41,858	6,248,315	340	360	56,365	8,572,411	340	360
360	380	75,519	11,798,638	360	380	42,743	6,578,113	360	380	57,526	9,004,444	360	380
380	400	77,200	12,459,887	380	400	43,651	6,935,158	380	400	58,593	9,422,579	380	400
400	420	78,515	13,001,849	400	420	44,462	7,269,336	400	420	59,552	9,817,898	400	420
420	440	79,970	13,630,345	420	440	45,246	7,607,809	420	440	60,403	10,185,430	420	440
440	460	81,644	14,386,242	440	460	46,211	8,043,844	440	460	61,226	10,557,117	440	460
460	480	83,435	15,233,564	460	480	47,235	8,528,455	460	480	61,979	10,912,706	460	480
480	500	85,742	16,373,917	480	500	48,632	9,218,790	480	500	62,713	11,274,505	480	500
500	550	91,752	19,563,479	500	550	52,309	11,170,253	500	550	64,302	12,111,444	500	550
550	600	98,976	23,756,320	550	600	56,494	13,597,991	550	600	65,827	12,993,067	550	600
600	650	105,480	27,841,588	600	650	60,206	15,928,561	600	650	67,077	13,776,623	600	650
650	700	110,639	31,335,227	650	700	63,230	17,977,621	650	700	68,204	14,539,626	650	700
700	750	114,819	34,374,191	700	750	65,594	19,696,863	700	750	69,151	15,227,896	700	750
750	800	118,276	37,059,908	750	800	67,607	21,261,325	750	800	70,030	15,911,009	750	800
800	850	121,224	39,496,094	800	850	69,242	22,613,051	800	850	70,869	16,604,730	800	850
850	900	123,814	41,769,615	850	900	70,741	23,928,796	850	900	71,669	17,306,378	850	900
900	950	126,184	43,967,053	900	950	72,066	25,157,272	900	950	72,454	18,034,529	900	950
950	1,000	128,508	46,240,706	950	1,000	73,415	26,476,919	950	1,000	73,206	18,769,347	950	1,000
1,000	1,050	130,663	48,456,620	1,000	1,050	74,656	27,753,862	1,000	1,050	73,898	19,480,425	1,000	1,050
1,050	1,100	133,044	51,026,517	1,050	1,100	75,957	29,157,343	1,050	1,100	74,636	20,275,279	1,050	1,100
1,100	1,150	135,301	53,573,450	1,100	1,150	77,234	30,598,846	1,100	1,150	75,403	21,140,992	1,100	1,150
1,150	1,200	137,718	56,423,446	1,150	1,200	78,711	32,340,549	1,150	1,200	76,099	21,960,266	1,150	1,200
1,200	1,250	139,982	59,203,630	1,200	1,250	80,010	33,935,934	1,200	1,250	76,671	22,661,223	1,200	1,250
1,250	1,300	142,251	62,103,534	1,250	1,300	81,251	35,522,199	1,250	1,300	77,175	23,304,808	1,250	1,300
1,300	1,350	144,090	64,544,406	1,300	1,350	82,323	36,944,768	1,300	1,350	77,575	23,835,733	1,300	1,350
1,350	1,400	145,898	67,035,400	1,350	1,400	83,367	38,383,812	1,350	1,400	77,899	24,281,793	1,350	1,400
1,400	1,450	147,446	69,244,540	1,400	1,450	84,239	39,628,833	1,400	1,450	78,209	24,723,939	1,400	1,450
1,450	1,500	148,969	71,496,974	1,450	1,500	85,127	40,941,480	1,450	1,500	78,441	25,066,731	1,450	1,500
1,500	1,600	151,643	75,649,743	1,500	1,600	86,655	43,315,830	1,500	1,600	78,831	25,671,351	1,500	1,600
1,600	1,700	153,987	79,523,262	1,600	1,700	88,049	45,619,391	1,600	1,700	79,097	26,110,427	1,600	1,700
1,700	1,800	156,165	83,342,726	1,700	1,800	89,360	47,917,516	1,700	1,800	79,337	26,529,988	1,700	1,800
1,800	1,900	158,195	87,104,809	1,800	1,900	90,464	49,964,247	1,800	1,900	79,486	26,806,694	1,800	1,900
1,900	2,000	159,907	90,450,423	1,900	2,000	91,567	52,116,989	1,900	2,000	79,611	27,050,894	1,900	2,000
2,000	2,100	161,498	93,715,311	2,000	2,100	92,459	53,948,643	2,000	2,100	79,717	27,267,963	2,000	2,100
2,100	2,200	162,839	96,604,795	2,100	2,200	93,257	55,668,176	2,100	2,200	79,800	27,446,596	2,100	2,200
2,200	2,300	164,012	99,249,242	2,200	2,300	93,933	57,192,200	2,200	2,300	79,873	27,611,322	2,200	2,300
2,300	2,400	165,073	101,745,696	2,300	2,400	94,638	58,853,047	2,300	2,400	79,937	27,761,576	2,300	2,400
2,400	2,500	165,985	103,984,204	2,400	2,500	95,212	60,261,183	2,400	2,500	79,982	27,872,006	2,400	2,500
2,500	2,600	166,769	105,985,951	2,500	2,600	95,753	61,643,730	2,500	2,600	80,020	27,969,029	2,500	2,600
2,600	2,700	167,516	107,967,589	2,600	2,700	96,186	62,791,453	2,600	2,700	80,054	28,059,209	2,600	2,700
2,700	2,800	168,146	109,702,251	2,700	2,800	96,584	63,887,153	2,700	2,800	80,083	28,139,102	2,700	2,800
2,800	2,900	168,686	111,241,911	2,800	2,900	96,912	64,822,571	2,800	2,900	80,109	28,213,236	2,800	2,900
2,900	3,000	169,215	112,804,291	2,900	3,000	97,224	65,744,409	2,900	3,000	80,130	28,275,246	2,900	3,000
3,000	3,500	170,902	118,253,891	3,000	3,500	98,336	69,336,368	3,000	3,500	80,190	28,468,775	3,000	3,500
3,500	4,000	171,815	121,663,678	3,500	4,000	98,972	71,711,403	3,500	4,000	80,216	28,565,954	3,500	4,000
4,000	4,500	172,374	124,029,025	4,000	4,500	99,370	73,396,410	4,000	4,500	80,220	28,582,935	4,000	4,500
4,500	5,000	172,730	125,717,247	4,500	5,000	99,594	74,458,492	4,500	5,000	80,226	28,611,529	4,500	5,000
5,000	5,500	172,933	126,779,515	5,000	5,500	99,709	75,062,468	5,000	5,500	80,231	28,637,559	5,000	5,500
5,500	6,000	173,071	127,572,452	5,500	6,000	99,784	75,492,959	5,500	6,000	80,233	28,648,866	5,500	6,000
6,000	7,000	173,267	128,830,784	6,000	7,000	99,883	76,133,385	6,000	7,000	80,235	28,662,207	6,000	7,000
7,000	8,000	173,364	129,555,489	7,000	8,000	99,947	76,612,870	7,000	20,000	80,236	28,672,452	7,000	20,000
8,000	9,000	173,422	130,044,966	8,000	9,000	99,986	76,941,742						
9,000	10,000	173,457											

Exhibit IX

Individual Selection Adjustment

Enrollee Factor	1.90
Dependent Factor	1.15

Exhibit X

Richness of Benefits Adjustment Factors

<u>Maximum</u>	<u>Factor</u>
0 - 750	0.9837
750 - 799	0.9874
800 - 849	0.9910
850 - 899	0.9943
900 - 949	0.9973
950 - 1000	1.0000
1,001 - 1,049	1.0038
1,050 - 1,099	1.0073
1,100 - 1,149	1.0103
1,150 - 1,199	1.0132
1,200 - 1,249	1.0160
1,250 - 1,299	1.0181
1,300 - 1,349	1.0202
1,350 - 1,399	1.0222
1,400 - 1,449	1.0240
1,450 - 1,499	1.0257
1,500 - 1,549	1.0270
1,550 - 1,599	1.0284
1,600 - 1,649	1.0306
1,650 - 1,699	1.0306
1,700 - 1,749	1.0318
1,750 - 1,799	1.0328
1,800 - 1,849	1.0337
1,850 - 1,899	1.0346
1,900 - 1,949	1.0352
1,950 - 1,999	1.0360
2,000 - 2,049	1.0366
2,050 - 2,499	1.0408

Exhibit XI

PPO Discounts

<u>State</u>	<u>Factor</u>	<u>State</u>	<u>Factor</u>
AK	0.1956	MT	0.1775
AL	0.1274	NC	0.0000
AR	0.1200	ND	0.0000
AZ	0.1500	NE	0.2000
CA	0.2320	NH	0.1366
CO	0.2250	NJ	0.2500
CT	0.0800	NM	0.2100
DC	0.1875	NV	0.1581
DE	0.1500	NY	0.1500
FL	0.1839	OH	0.2279
GA	0.2085	OK	0.2000
HI	0.0000	OR	0.1600
IA	0.1400	PA	0.1500
ID	0.0000	PR	0.0000
IL	0.2500	RI	0.1000
IN	0.2553	SC	0.1440
KS	0.1911	SD	0.0000
KY	0.1500	TN	0.1000
LA	0.1740	TX	0.1750
MA	0.1900	UT	0.1958
MD	0.1500	VA	0.1875
ME	0.1438	VT	0.1647
MI	0.3036	WA	0.1200
MN	0.2000	WI	0.2000
MO	0.1440	WV	0.0000
MS	0.2106	WY	0.0000

Exhibit XII Orthodontia Rates

Ortho Utilization

<u>Coins</u>	<u>No Waiting Period</u>		<u>12 Mo Waiting Period</u>	
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>
40%	0.0525	0.0135	0.0475	0.0120
50%	0.0550	0.0140	0.0500	0.0125
60%	0.0575	0.0145	0.0525	0.0130
70%	0.0600	0.0150	0.0550	0.0135
80%	0.0625	0.0160	0.0575	0.0145
90%	0.0650	0.0165	0.0600	0.0150
100%	0.0675	0.0170	0.0625	0.0155

Annual Ortho Cost (includes administrative charge)

<u>Ortho Maximum</u>	<u>Ortho Coinsurance</u>						
	<u>40%</u>	<u>50%</u>	<u>60%</u>	<u>70%</u>	<u>80%</u>	<u>90%</u>	<u>100%</u>
500	469	479	490	498	505	510	515
600	549	562	576	586	595	602	608
700	617	637	657	672	683	691	699
800	681	708	735	754	768	779	787
900	738	772	807	832	850	863	875
1,000	786	830	876	906	928	946	959
1,100	827	881	939	977	1,005	1,025	1,042
1,200	850	921	997	1,044	1,077	1,102	1,122
1,300	868	953	1,047	1,105	1,146	1,176	1,199
1,400	871	975	1,091	1,163	1,211	1,246	1,273
1,500	867	988	1,126	1,214	1,272	1,314	1,345
1,600	862	997	1,154	1,259	1,329	1,378	1,415
1,700	856	1,003	1,174	1,297	1,382	1,438	1,482
1,800	851	1,005	1,187	1,329	1,427	1,495	1,544
1,900	847	1,007	1,197	1,354	1,468	1,548	1,604
2,000	845	1,008	1,201	1,373	1,502	1,594	1,661
2,500	843	1,010	1,210	1,407	1,591	1,752	1,877
3,000	843	1,010	1,211	1,412	1,611	1,802	1,979
3,500	843	1,010	1,211	1,413	1,615	1,813	2,007
4,000	843	1,010	1,211	1,413	1,615	1,817	2,016

Ortho Manual Rate Calculation

Monthly Adult Ortho Premium = Annual Cost x Adult Utilization x (PPO or DPO Plus Discount) x
x Trend x Ortho Wait Fact x Eligibility Adj x Virgin Group Load / (17.4)

Monthly Child Ortho Premium = Annual Cost x Child Utilization x (PPO or DPO Plus Discount) x
x Trend x Ortho Wait Fact x Eligibility Adj x Virgin Group Load / (17.4)

1 Party Rate = 1.0 x Adult Rate

2 Party Rate = 1.88 x Adult Rate + 0.24 x Child Rate

3 Party Rate = 1.88 x Adult Rate + 2.0 x Child Rate

Miscellaneous Ortho Factors

Ortho Wait Fact (waiting period not waived on initial) = .9667 (no wait or wait waived on initial, 1)

Virgin Group Load = 1.08 (non virgin, load = 1)

Exhibit XIII - Example of Manual Rating Calculation

Product: PPO with Premier at MPA and non-contracting at the 90th
SIC Code: Wholesale Trade
State: FL

Employer Contribution: 0%
Eligibility: First of month following 3 months of hire
Number of Enrollees 500

Coinsurance		Maximums	(takeover: yes)
Diagnostic & Preventive	100%	Individual	\$1,000 annual
Basic	80%	Orthodontics	\$1,000 lifetime
Crown and Casts	50%		
Prosthodontics	50%	Deductibles	(takeover: yes)
Child Ortho	50%	Individual	\$50
		Family	\$150
Waiting Period	none	D&P Exempt	yes

In Network Rate

Enrollee	CPU	Util	Coins	Trend	Misc Dent	# Mths	Mon Rate
Crowns	127.6669554	0.5663	50%	1.41448	0.9894	12	4.31
Diagnostic	64.27630671	0.5663	100%	1.41448	0.9894	12	4.34
Other Basic	127.0361889	0.5663	80%	1.41448	0.9894	12	6.86
Preventive	62.40813892	0.5663	100%	1.41448	0.9894	12	4.21
Prosth	113.9863001	0.5663	50%	1.41448	0.9894	12	3.85
Simple Rest	87.31522061	0.5663	80%	1.41448	0.9894	12	4.71
Spouse							28.27
Crowns	138.9536437	0.5380	50%	1.41448	0.9903	12	4.45
Diagnostic	59.51430622	0.5380	100%	1.41448	0.9903	12	3.81
Other Basic	127.1906163	0.5380	80%	1.41448	0.9903	12	6.52
Preventive	59.74292235	0.5380	100%	1.41448	0.9903	12	3.83
Prosth	124.2380078	0.5380	50%	1.41448	0.9903	12	3.98
Simple Rest	86.99586345	0.5380	80%	1.41448	0.9903	12	4.46
Child							27.04
Crowns	9.310214475	0.5097	50%	1.41448	0.9704	12	0.29
Diagnostic	64.91939107	0.5097	100%	1.41448	0.9704	12	4.02
Other Basic	62.89496254	0.5097	80%	1.41448	0.9704	12	3.12
Preventive	71.40032741	0.5097	100%	1.41448	0.9704	12	4.42
Prosth	3.108247636	0.5097	50%	1.41448	0.9704	12	0.10
Simple Rest	79.6313069	0.5097	80%	1.41448	0.9704	12	3.94
							15.88

	Enrollee	Spouse	Child
Wait Credit	0	0	0

Deductible Credit Calculation**Description**

	Enrollee	Spouse	Child
Ded Lower Limit	126.88	116.70	147.60
Ded Upper Limit	169.48	160.34	186.25
% Ded Lower	71.93%	17.43%	90.12%
% Ded Upper	36.91%	8.44%	56.14%
Freq Ded Lower	120,770.17	68,472.31	161,675.29
Freq Ded Upper	180,255.16	99,347.94	202,418.18
Amount Ded Lower	10,156,043.16	5,484,399.57	14,558,407.48
Amount Ded Upper	19,042,664.68	9,869,163.72	21,369,025.87
Ded Credit	30.48	31.71	19.46

June 25, 2010

Ded Credit with Factors	35.78	36.33	25.18
Ded Credit with Coinsur	16.19	15.98	9.48
Monthly Ded Credit	1.35	1.33	0.50

Maximum Credit Calculation

Description

Max Limit	1,563.81	1,580.18	1,272.10
Max Limit '93	1,332.34	1,379.19	983.10
% Max Limit '93	61.68%	95.97%	30.99%
# Max Limit '93	450,985.93	256,968.64	346,466.27
\$ Max Limit '93	159,591,037.83	91,612,161.28	77,030,212.55
Total No. Cases	523,277.00	297,961.00	366,203.00
Total Amt Approved	324,777,927.00	189,413,417.00	106,648,643.00
Est Amt Given Max	255,906,996.34	148,148,574.75	96,433,364.04
Max Credit	131.61	138.49	27.90
Major Service Coinsur	62.76%	62.28%	76.94%
Adj Max Credit	96.95	98.82	27.77
Monthly Max Credit	4.57	4.53	1.09

Individual Selection Adj	1.9000	1.1500	1.1500
Richness of Benefits	1.0000	1.0000	1.0000
In Network Adj Rate	42.47	24.35	16.43

PPO Discount	0.1839	0.1839	0.1839
Blended In/Out 30%/70%	40.13	23.01	15.53

Ortho Rate	0.0000	0.0000	3.71
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Rates without Admin	Rate Excluding Ortho	Ortho Rates	Total
One Party	40.13	0	40.13
Two Party	61.63	0.89	62.52
Three Party Plus	90.74	7.42	98.16

Total Administrative Charge as a % of Premium	37.91%
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Rates with Admin

One Party	64.63
Two Party	100.69
Three Party Plus	158.10

SERFF Tracking Number: WESA-126743950

State: Arkansas

Filing Company: Dentegra Insurance Company

State Tracking Number: 46347

Company Tracking Number: I-SLE-C-AR-09

TOI: H101 Individual Health - Dental

Sub-TOI: H101.000 Health - Dental

Product Name: Dentegra SLE AR

Project Name/Number: Dentegra SLE AR/I-SLE-C-AR-09

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Readability Certification is attached. Attachment: Arkansas Readability Cert. DIC SLE 7-27-10.pdf	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Application is attached. Attachment: EF-I-SLE-ST-09 6-22-10.pdf	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: Outline of Coverage is attached. Attachment: OOC-I-SLE-AR-2010 7-18-10.pdf	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Satisfied - Item: Statements of Variability Comments: Statements of Variability are attached. Attachments: SV-SLE-I-AR-09 7-18-10.pdf SV-SLE-I-OOC-AR-10 7-18-10.pdf	Approved-Closed	08/09/2010

<i>SERFF Tracking Number:</i>	<i>WESA-126743950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dentegra Insurance Company</i>	<i>State Tracking Number:</i>	<i>46347</i>
<i>Company Tracking Number:</i>	<i>I-SLE-C-AR-09</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>Dentegra SLE AR</i>		
<i>Project Name/Number:</i>	<i>Dentegra SLE AR/I-SLE-C-AR-09</i>		

	Item Status:	Status
		Date:
Satisfied - Item: Letter of Authorization	Approved-Closed	08/09/2010
Comments: Letter of Authorization is attached.		
Attachment: Letter of Authorization.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Approved-Closed	08/09/2010
Comments: Cover Letter is attached.		
Attachment: AR Dentegra SLE Cover Letter 07282010.pdf		

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
I-SLE-C-AR-09	Arkansas Delta Dental PPO Policy	50.1
EF-I-SLE-ST-09	Delta Dental PPO Individual/Family Dental Insurance Application	56.9
OOC-I-SLE-AR-2010	Delta Dental PPO Outline of Coverage	52.7

Dentegra Insurance Company



Katherine L. Watts
VP Legal & Regulatory and Assistant
Secretary

7/27/10

Date

Dental Insurance Rates

Please check your preferred enrollment option, billing option, plan option and payment method below. You must pay your initial enrollment payment by check, money order or credit card.

Enrollment Option

- ☐ Single ☐ Two Party
☐ Family (three or more)

Plan Option

- ☐ Plan [XXX]
☐ Plan [XXX]

Billing Option

- ☐ Annually ☐ Semi-Annually ☐ Quarterly
☐ Monthly EFT (Monthly Electronic Funds Transfers are processed on the [XXth] of each month. Include your first two months' payment and a blank, voided check with this form.)

Payment Method

- ☐ Check/money order (**Please make payable to Delta Dental Insurance Company**)

☐ Visa®/MasterCard # _____ Exp. Date _____ Card Code _____ (Last three digits on signature strip on reverse of card.)

☐ American Express # _____ Exp. Date _____ Card Code _____ (Four-digit number on front of card, right-hand side.)

Amount Paid \$ _____ Name as it appears on credit card _____

Signature (for credit card payment only) _____ Date _____

Enclose initial payment based on the selected payment option and coverage in the chart below.

Note: If you select EFT monthly, enclose two times the monthly rate and a voided check to begin enrollment.

Payment Frequency	Plan [XXX]			Plan [XXX]		
	Single	Two Person	Family	Single	Two Person	Family
EFT Monthly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Quarterly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Semi-Annually	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Annually	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

The rates are valid for applicants whose coverage begins on or before XX/X/XX.

For applicants who enroll after this date, please call toll-free 1-XXX-XXX-XXXX.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____

Date ____/____/____



Outline of Coverage and Disclosure Form

Limited Benefit Health Coverage

PPO Individual and Family Dental Insurance

Read your Policy carefully. This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance Policy and only the Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY. The Policy provides benefits for dental care only. It does not pay benefits for any other type of loss such as medical or hospital expenses.

If you are not satisfied with the Policy for any reason, you may return the Policy within 10 days after you receive it. Mail or deliver it to Delta Dental Insurance Company (“Delta Dental”). Any premium paid will be refunded. The Policy will then be void from its start.

Renewal and Premium Changes	
Renewability:	<p>The Primary Enrollee may keep the Policy in force by timely payment of the premiums or may terminate his/her coverage by providing written notice. Delta Dental may refuse renewal due to:</p> <ol style="list-style-type: none">1) non-payment of premium;2) fraud or material misrepresentation made by or with the knowledge of the Enrollee (or Eligible Dependent) applying for coverage or filing a claim for Benefits;3) failure of the Enrollee to comply with material provisions of the Policy; or4) Delta Dental ceasing to renew all Policies issued on the same form to residents of the state where you live. <p>At least 30 days notice of any non-renewal action will be mailed to the Primary Enrollee. You may elect to not renew your coverage under the Policy by sending us written notice of your intent to terminate the Policy. Termination of the Policy and coverage for you and all Enrollees under the Policy will be effective on the last day of the month that we receive your written request of termination.</p>
[Rate Guarantee	<p>If you select a plan that contains waiting periods the initial premium rate is guaranteed for the first [12] months of continuous enrollment under the Policy, based on new enrollee premium rates in force at the time of your enrollment. After the first [12] months of enrollment, premium rates may be adjusted annually. If you move or change your enrollment options your premium rate may also change[LK1].</p>

Right to Change Premium	We may change premium annually at renewal. We will provide at least 30 days advance notice of any change in premium.	
Description of Coverage		
<p>The Policy will pay benefits shown on the Benefit Summary. These benefits are subject to Limitations and Exclusions and other terms included in the Policy. The percentages listed below are based upon the share of the Maximum Contract Allowance paid by Delta Dental (Contract Benefit Level) and your share of the cost (Enrollee Coinsurance).</p> <p>Your share of cost may be higher depending on the applicability of deductibles, maximums, the difference between the Provider's Accepted Fee and the Maximum Contract Allowance or charges for non-covered services.</p> <p>Payment for covered services performed for you by a Delta Dental PPOSM Provider is calculated based on the Maximum Contract Allowance, which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee. Delta Dental Providers have agreed to accept the PPO Provider's Contracted Fee as the full charge for covered services.</p> <p>Payment for covered services performed for you by a Delta Dental Premier[®] Provider is calculated based on the Maximum Contract Allowance, [which is the lesser of the submitted fee on the claim or the PPO Provider's Contracted Fee for a PPO Provider in the same geographic area.][which is the lesser of the submitted fee on the claim or the Premier Provider's Contracted Fee.]. Premier Providers have agreed to accept the Premier Provider's Contracted Fee as the full charge for covered services.</p> <p>Payment for covered services performed for you by a Non-Delta Dental Provider is also calculated based on the Maximum Contract Allowance. Non-Delta Dental Providers do not limit their charges for services and may bill you for their normal charges, which may be higher than the Maximum Contract Allowance for the service.</p>		
Benefits [LK2]		
Plan [XX][LK3]	Paid by Delta Dental	Paid by Patient
Diagnostic & Preventive Benefits [LK4]	XX [LK5] %	XX %
Basic Benefits	XX [LK6] %	XX %
Major Benefits	XX [LK7] %	XX %
[Orthodontic Benefits	XX [LK8] %	XX %]
Deductibles and Maximums Per Enrollee		
Annual Deductible*	For each enrollee per [Policy Year][Calendar Year] is \$[XX][LK9] For each family per [Policy Year][Calendar Year] is \$[XX][LK10] [The Deductible does not apply to Diagnostic and Preventive Services [LK11].]	

Maximum Amount	<ul style="list-style-type: none"> • \$[XXX][LK12] per Enrollee per [Policy Year][Calendar Year][LK13]. • \$[XXX][LK14] per [[Enrollee/per dependent child Enrollee]per [Lifetime/Policy Year][LK15]] for Orthodontic Benefits] <p>[The Maximum Amount does not apply to Diagnostic and Preventive Services][LK16].]</p>
Benefit Waiting Period	The plan option you choose may have a waiting period on some of the services (a period of time you must be enrolled before certain services are covered). Check your Benefit Summary in your Policy for any applicable waiting periods. No exceptions or credits are given for prior coverage.
Limitations and Exclusions	
Limitations	<p>[Services limited by age, type of procedure and/or frequency include but are not limited to:</p> <ul style="list-style-type: none"> • x-rays; • exams; • cleanings; • fluoride treatment; • space maintainers; • sealants; • periodontal services; • fillings; • single crowns, inlays/onlays and cast restorations; • denture relining, rebasing or adjustments; • pupal therapy; • root canal (endodontic) treatment or retreatment; • recementation; • prosthodontic appliances or dental implants; • fixed bridge or removable dentures; • periodontal scaling and root planing; • orthodontic treatment; • dental accident; • specialist consultations][LK17];]
Exclusions	<p>[Policy exclusions include but are not limited to:</p> <ul style="list-style-type: none"> • treatment that falls under workers' compensation or employers' liability unless prohibited by law; • cosmetic dentistry or surgery procedures • maxillofacial prosthetics; • services for congenital or developmental malformations except when services provided to newborn children for medically diagnosed congenital defects or birth abnormalities; • services and/or appliances to alter the vertical dimension or restore structure loss from attrition; • any single procedure started prior to the date the Enrollee became covered under the plan;

Exclusions	<ul style="list-style-type: none"> • prescription and non-prescription drugs; • experimental procedures; • charges for anesthesia, other than general anesthesia and IV sedation in connection with oral surgery or selected endodontic and periodontal surgical procedures; extraoral grafts; • interim implants; • hospitalization costs; • treatment by someone other than a provider; • plaque control programs; dietary instruction; x-ray duplications, cancer screening, tobacco counseling or broken appointments; • dental practice administrative services; • services or supplies covered by any other health plan; • treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse); • procedures having a questionable prognosis • Temporomandibular Joint Dysfunction treatment[LK18];] <p>The Policy limits payment to the least costly professionally accepted dental procedure</p> <ul style="list-style-type: none"> • This is a summary of the Limitations and Exclusions and is not intended to be a comprehensive listing. If you would like to receive/view a complete listing please visit our website at www.deltadentalins.com or contact our Customer Service Center toll-free at 1-800-521-2651.
Pre-existing Condition Limitations	There are no pre-existing condition limitations under this Policy.
Eligibility	
Eligibility	<p>At least one enrolled family member must be designated as the Primary Enrollee. Primary Enrollees electing to enroll their eligible family members must enroll them: 1) at the time the Primary Enrollee enrolls; 2) within 90 days of the Primary Enrollee's initial enrollment; or 3) within 31 days of a Qualifying Status Change.</p> <p>Eligible family members include the Primary Enrollee's spouse, domestic partner}, and unmarried dependent children until the end of the month of their 19th birthday (includes dependent children of the spouse or domestic partner. Unmarried dependent children are eligible from birth to their 19th birthday. However, an unmarried child over age 19 may remain eligible 1) up to their 25th birthday if a full-time student in an accredited school; or 2) if that child is incapable of self-support because of a physical disability or mental incapacity and is chiefly dependent on the Primary Enrollee for support and maintenance.</p> <p>Please contact our Customer Service Center at 1-800-521-2651 if you have any questions regarding eligibility.</p>

Enrollment Information	
[Minimum Enrollment Period]	Delta Dental Primary Enrollees and their dependents selecting dental coverage must enroll for a minimum of [12] months. If coverage is voluntarily discontinued, Primary Enrollees and their covered family members may not re-enroll during the [12]-month period immediately following the voluntary termination[LK19].]
Enrollment Grace Period	There is a period of 10 days from your coverage effective date which you may rescind this Policy and receive a full refund, provided you and all enrolled family members have not used any benefits under this Policy.

IMPORTANT: In the event of any inconsistency between this Outline of Coverage and the Policy, the terms of the Policy will control.

Premium Information		
Premiums for the Delta Dental PPO Plan are based on the prevailing dental costs in the region where you live (based on your ZIP code), your choice of three enrollment options: single-party enrollment, two-party enrollment, or a family enrollment of three or more persons, and your choice of Plan.		
Your Selection	Plan Option	[XX[LK20]]
	Enrollment Option	[Individual[LK21]]
	Payment Frequency:	[Monthly[LK22]]
	Premium Payment	[\$XX.XX[LK23]]

Underwritten by **Dentegra Insurance Company**
and

Administered by Delta Dental Insurance Company

P.O. Box 1809
Alpharetta, GA 30023-1809
Toll Free Customer Service Telephone Number: 800-521-2651
Website: [www.deltadentalins.com]

DENTEGRA INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR

DELTA DENTAL POLICY -- FORM I-SLE-C-AR-09

The following lettered/numbered and bracketed points correspond to the letters/number text next to bracketed text in the above referenced form. Bracketed text in above referenced form is variable and the below information is provided as guidance as to when bracketed text is used in the form.

- [LK1] Use when PPO/PPO
- [LK2] Use when PPO/Program Allowance
- [LK3] This sentence is used when the plan is based on a Policy Year basis.
- [LK4] Minimum enrollment period is variable. Offering could be without minimum enrollment period or could be with minimum enrollment period of less than or greater than 12 months. If there is a minimum enrollment period then the standard is 12 months.
- [LK5] Waiting period is variable and language included in this section will be adjusted to include if the Enrollee must wait 12 months before they can apply for coverage again.
- [LK6] This section is included if the offering has a waiting period. Waiting period time frame may vary dependent on plan option and will be included in Benefits Summary (Appendix A).
- [LK7] If periodontal is covered as other than Basic, this sentence will be changed accordingly.
- [LK8] Use if sealants are covered under D&P rather than the standard Basic. If covered as standard Basic this item would be deleted.
- [LK9] Standard is Basic; but could offer as Major or not a benefit.
- [LK10] Standard is Basic; but may be offered as Major or not a benefit.
- [LK11] Standard is Basic; but may be offered as Major or not a benefit.
- [LK12] Standard is Basic; or not a benefit.
- [LK13] Use if sealants are covered under Basic rather than D&P.
- [LK14] Standard is Basic; but may be offered as Major or D&P or not a benefit.
- [LK15] Standard is Basic; but may be offered as Major or not a benefit.
- [LK16] Standard is Basic; but could offer as Major or not a benefit.
- [LK17] Standard is Basic; but could offer as Major or not a benefit.

- [LK18] Standard is Major or not a benefit.
- [LK19] Standard is Basic; but could offer as Major or not a benefit.
- [LK20] Standard is Major or not a benefit.
- [LK21] Standard is Major; or not a benefit.
- [LK22] Standard is Major or not a benefit.
- [LK23] Include if orthodontic benefits are purchased, otherwise delete.
- [LK24] Standard is 12 months but option could be for a Policy Year.
- [LK25] Twice in any twelve month period is standard however frequency is variable based on plan design.
- [LK26] If periodontal is covered as other than Basic, this sentence will be changed accordingly.
- [LK27] Five years is standard; however 3 years may be an option.
- [LK28] Once each 12 months for Enrollees 18 and older and twice each 12 months for Enrollees under 18 is standard; however offering could have a different number of x-rays.
- [LK29] Standard is to cover fluoride to age 19; however, could offer another age or could have no limitation and cover all (delete limitation if all covered).
- [LK30] 14 is standard but another age may be offered.
- [LK31] Sealants can be offered as either D&P or as Basic.

Use if sealants are covered under D&P rather than the standard Basic. If sold as standard Basic benefit this item would be deleted.
- [LK32] These are standard age and time limits for sealants but they may vary.
- [LK33] Sealants can be offered as either D&P or as Basic. Use if sealants are covered under standard Basic. If sold as D&P this item would be deleted.
- [LK34] These are standard age and time limits for sealants but they may vary.
- [LK35] Standard time is 24 months but could vary.
- [LK36] Standard is to cover as Major; however could be offered as Basic.
- [LK37] Include if Endodontics covered under Basic. Move to “Limitations on Major Benefits” if covered under Major.

- [LK38] Include if Periodontics covered under Basic. Move to "Limitations on Major Benefits" if covered under Major. Standard surgery limitation is 3 years.
- [LK39] Standard options for crown and inlay/onlay restoration time limits are 5 or 9 year
- [LK40] Standard options for prosthodontic time limits are 5 or 9 years.
- [LK41] Include this exclusion if missing teeth are not covered. Delete this exclusion if missing teeth are covered.
- [LK42] Lifetime is standard; however, Policy Year could be an option.
- [LK43] Standard is two (2) payments – 50% initial and 50% at 12 months but other frequencies could be offered.
- [LK44] Use if Ortho Benefit is covered for children only.
- [LK45] Standard is to include composite wording here; however, some offerings could cover composite restorations on posterior teeth.
- [LK46] Include this exclusion if missing teeth are not covered. Delete this exclusion if missing teeth are covered.
- [LK47] Would be included if plan did not cover Oral Surgery, General Anesthesia, Palliative Treatment or sealants; otherwise, deleted. Changes would be made if plan does not exclude all services.
- [LK48] Would be included if Applicant did not want to cover endodontics; otherwise, wording deleted.
- [LK49] Would be included if Applicant did not want to cover periodontics; otherwise, wording deleted.
- [LK50] Would be included if Applicant did not want to cover restorative treatment; otherwise, wording deleted
- [LK51] Would be included if Applicant did not want to cover denture repairs; otherwise, wording deleted.
- [LK52] Would be included if Applicant did not want to cover crowns, cast restorations and inlays/onlays otherwise, wording deleted.
- [LK53] Would be included if Applicant did not want to cover prosthodontics; otherwise, wording deleted.
- [LK54] Would be included if Major Services are not covered.
- [LK55] Rate guarantee is optional and time frame for rate guarantee will vary dependent on plan selection.
- [LK56] Standard is Policy Year, but option could be for a Calendar Year.

- [LK57] Percentage covered is variable from 50 – 100% in increments of 10%
- [LK58] Percentage covered is variable from 50 – 90% in increments of 10% or not a benefit.
- [LK59] Percentage covered is variable from 40 to 50% in increments of 10% or not a benefit.
- [LK60] Covered at 50% or not a benefit.
- [LK61] Use if applicant chooses Standard Incentive Plan option. Delete if either no incentive plan chosen or if Enrollee Incentive Plan chosen.
- [LK62] Percentage covered is variable from 50 – 100% in increments of 10%
- [LK63] Percentage covered is variable from 50 – 90% in increments of 10% or not a benefit.
- [LK64] Percentage covered is variable from 40 to 50% in increments of 10% or not a benefit.
- [LK65] Covered at 50% or not a benefit.
- [LK66] Language may be included dependent on plan design.
- [LK67] Use if applicant chooses Enrollee Incentive Plan option. Delete if either no incentive plan chosen or if Standard Incentive Plan chosen.
- [LK68] Percentage covered is variable from 50 – 100% in increments of 10%
- [LK69] Percentage covered is variable from 50 – 90% in increments of 10% or not a benefit.
- [LK70] Percentage covered is variable from 40 to 50% in increments of 10% or not a benefit.
- [LK71] Covered at 50% or not a benefit.
- [LK72] Language may be included dependent on plan design
- [LK73] Include if waiting periods apply; otherwise, delete. Time period option for all waiting periods is 0 to 24 months.
- [LK74] Standard – dependent waiting period is determined by his/her own length of coverage.
- [LK75] Time period options for all waiting periods is 0 months to 24 months.
- [LK76] Nonstandard – dependent waiting period is tied to Primary Enrollee's length of coverage
- [LK77] Time period options for all waiting periods is 0 months to 24 months.
- [LK78] Standard – dependent waiting period is determined by his/her own

length of coverage.

- [LK79] Time period options for all waiting periods is 0 months to 24 months.
- [LK80] Nonstandard – dependent waiting period is tied to Primary Enrollee’s length of coverage.
- [LK81] Time period options for all waiting periods is 0 months to 24 months.
- [LK82] Standard – dependent waiting period is determined by his/her own length of coverage.
- [LK83] Use if only dependent children are covered under Orthodontic Benefits.
- [LK84] Use if adults and children are covered under Orthodontic Benefits.
- [LK85] Time period options for all waiting periods is 0 months to 24 months.
- [LK86] Nonstandard – dependent waiting period is tied to Primary Enrollee’s length of coverage
- [LK87] Use if only dependent children are covered under Orthodontic Benefits.
- [LK88] Use if adults and children are covered under Orthodontic Benefits.
- [LK89] Time period options for all waiting periods is 0 months to 24 months.
- [LK90] Will be taken from approved Application. Ranges are \$25-\$250 in increments of \$25.
- [LK91] Will be taken from approved Application. Ranges are \$25-\$500 in increments of \$25.
- [LK92] Will be included if Deductible is waived.
- [LK93] Plan annual maximum ranges from \$1000 - \$5000 in increments of \$100.
- [LK94] Standard is Policy Year, but option could be for a Calendar Year.
- [LK95] Include if Orthodontic is a covered service. Orthodontic services may have a separate lifetime maximum which ranges from \$1000 - \$1500 in increments of \$100.
- [LK96] Lifetime is standard; however, Policy Year could be an option.
- [LK97] Would be used when Applicant purchases the option where D&P Services do not apply towards the Enrollee's yearly maximum. Standard would be not to include this.
- [LK98] Premiums will vary dependent on plan selection and zip code of residence of Primary Enrollee. Rates are submitted to the Department as required by regulation.

DELTA DENTAL INSURANCE COMPANY

STATEMENT OF VARIABILITY FOR

DELTA DENTAL OUTLINE OF COVERAGE -- FORM OOC-I-SLE-AR-2010

Bracketed text in the above referenced form is variable. The following lettered/numbered and bracketed text correspond to the letters/number text next to bracketed text in the above referenced form.

- [LK1] Rate guarantee is optional and time frame for rate guarantee will vary dependent on plan selection.
- [LK2] Standard Incentive Plan or Enrollee Incentive Plan options are available. Dependent on Individual selection this section of the Outline of Coverage would be replaced to include the stepped waiting periods. See example below:

Benefits				
Plan [XX][LK3]	Paid by Delta Dental during the First Year	Paid by Delta Dental during the Second Year	Paid by Delta Dental during the Third Year	Paid by Delta Dental during the Fourth year and thereafter
Diagnostic & Preventive Benefits [LK4] [LK5]	XX%	XX%	XX%	XX%
Basic Benefits[LK6]	XX%	XX%	XX%	XX%
Major Benefits[LK7]	XX%	XX%	XX%	XX%
[Orthodontic Benefits [LK8]	XX%	XX%	XX%	XX%

- [LK3] Benefits provided under the Plan will vary based on Individuals selection.
- [LK4] Deductible may be waived for Diagnostic and Preventative services.
- [LK5] Percentage covered is variable from 50 – 100% in increments of 10%
- [LK6] Percentage covered is variable from 50 – 90% in increments of 10% or not a benefit.
- [LK7] Percentage covered is variable from 40 to 50% in increments of 10% or not a benefit.
- [LK8] Covered at 50% or not a benefit.
- [LK9] Will be taken from approved Application. Ranges are \$25-\$250 in increments of \$25.
- [LK10] Will be taken from approved Application. Ranges are \$25 - \$500 in increments of \$25.
- [LK11] Would be used when Applicant purchases the option where D&P Services do not apply towards

the Enrollee's yearly maximum. Standard would be not to include this.

- [LK12] Plan annual maximum ranges from \$1000 - \$5000 in increments of \$100.
- [LK13] Standard is Policy Year, but option could be for a Calendar Year.
- [LK14] Include if Orthodontic is a covered service. Orthodontic services may have a separate lifetime maximum which ranges from \$1000 - \$1500 in increments of \$100.
- [LK15] Standard is Policy Year, but option could be for a Calendar Year.
- [LK16] Would be used when Applicant purchases the option where D&P Services do not apply towards the Enrollee's yearly maximum. Standard would be not to include this.
- [LK17] Limitations will be dependent on plan selection and will be variable. Listing included in this Outline of Coverage are standard limitations.
- [LK18] Exclusions will be dependent on plan selection and will be variable. Listing included in this Outline of Coverage are standard exclusions.
- [LK19] Minimum enrollment is variable. Offering could be without minimum enrollment or could be with minimum enrollment of less than or greater than 12 months. If there is a minimum enrollment period then the standard is 12 months.
- [LK20] Plan Option selected by Applicant will be provided here.
- [LK21] Enrollment option is variable and will be populated based on individual selection. Options available: Individual, Individual plus one dependent, or Individual plus two or more dependents.
- [LK22] Payment frequency is variable and will be populated based on individual selection. Options available may include Monthly EFT, Quarterly, Semi-annual and Annual.
- [LK23] Premium payment is variable and will be populated based on Applicants plan selection.



March 5, 2010

Dentegra Insurance Company
FEIN#: 75-1233841
NAIC#: 73474

Letter of Authorization
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Dentegra Insurance Company.

Very truly yours,

Katherine L. Watts
VP Legal & Regulatory and Assistant Secretary



WESTMONT
ASSOCIATES, INC.

July 28, 2010

via SERFF

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W. 3rd Street
Little Rock, AR 72201
Attention: Life & Health Division

Re: Dentegra Insurance Company
FEIN#: 75-1233841
NAIC#: 73474

Arkansas Dentegra PPO Policy – Form #I-SLE-C-AR-09
Standard Dentegra PPO Individual/Family Dental Insurance Application – Form # EF-I-SLE- ST-09
Arkansas Dentegra PPO Outline of Coverage – Form # OOC-I-SLE- AR-2010

Honorable Commissioner Bowman:

I respectfully submit the form filing referenced above on behalf of Dentegra Insurance Company (“Dentegra”) for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Dentegra. Please see the enclosed authorization letter.

This is a new individual dental Preferred Provider Organization (“PPO”) product submission underwritten by Dentegra and administered by Delta Dental Insurance Company. The forms are new and are not intended to replace any other forms currently in use.

Arkansas Dentegra PPO Policy, Form #I-SLE-C-AR-09, provides dental PPO benefits on an individual basis. Optional provisions are chosen by the policyholder at the time of application. Certain wording and benefit amounts reflected in the subject forms is enclosed within brackets ([]) and may vary according to a specific plan design. The variable material shown in the policy reflects the benefit levels selected and insured specific information. The variable language or amounts on final printed forms will be no more restrictive than that which is reflected in the enclosed forms and within legal requirements. Please see the enclosed Statement of Variability for Dentegra’s explanation of how these forms may vary to accommodate different product offerings.

The Standard Dentegra PPO Individual/Family Dental Insurance Application, Form # EF-I-SLE-ST-09, will be used for individual enrollment and will be signed by the policyholder.

The enclosed Dentegra PPO insurance product will be marketed by licensed agents, brokers, and third party administrators and online.

In accordance with Arkansas' filing requirements, enclosed please find:

- Letter of Authorization
- Forms
- Statements of Variability
- Actuarial Memorandum
- Rating Manual Exhibits
- Flesch Certification

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 221 or at Darcy@Westmontlaw.com if you have any questions or require additional information.

Respectfully,

Darcy Lebau

Darcy Lebau